

Reid Health



Level III Trauma Program

Richmond, Indiana



**APPLICATION FOR HOSPITAL TO BE DESIGNATED
"IN THE ACS VERIFICATION PROCESS"**
State Form 56271 (R2 / 7-15)



Received
9/30/2015
CH

Date submitted (month, day, year)

9-30-2015

APPLICANT INFORMATION

Legal name of hospital Reid Hospital and Health Care Services (dba Reid Health)		
Previously known as (if applicable)		
Mailing address (no PO Box) (number and street, city, state, and ZIP code) 1100 Reid Parkway Richmond, IN 47374		
Business telephone number (765) 983-3000	24-hour contact telephone number (765) 983-3144	Business fax number (765) 983-3038
Level of "In the Process" status applied for (check one) <input checked="" type="checkbox"/> Level III Adult <input type="checkbox"/> Level I Adult <input type="checkbox"/> Level II Adult		
Hospital's status in applying for ACS verification as a trauma center (including Levels being pursued) ACS Level III Adult Center - Consultation visit scheduled for February 2016		

CHIEF EXECUTIVE OFFICER INFORMATION

Name Craig Kinyon	Title President and CEO
Telephone number	E-mail address

TRAUMA PROGRAM MEDICAL DIRECTOR INFORMATION

Name Russell Pruitt, M.D.	Title Trauma Medical Director/Director of Acute Care Surgery
Office telephone number	Cellular telephone / pager number
E-mail address	

TRAUMA PROGRAM MANAGER / COORDINATOR INFORMATION

Name Ryan Williams	Title Trauma Program Manager/EMS Coordinator
Office telephone number	Cellular telephone / pager number
E-mail address	

ATTESTATION

In signing this application, we are attesting that all of the information contained herein is accurate and that we and our attending hospital agree to be bound by the rules, policies and decisions of the Indiana Emergency Medical Services Commission and Indiana State Department of Health regarding our status under this program.		
Signature of chief executive officer <i>Craig Kinyon</i>	Printed name Craig Kinyon	Date (month, day, year) 9/16/2015
Signature of trauma medical director <i>Russell Pruitt</i>	Printed name Russell Pruitt, M.D.	Date (month, day, year) 9/16/2015
Signature of trauma program manager <i>Ryan Williams</i>	Printed name Ryan Williams, RN	Date (month, day, year) 9/16/2015

INSTRUCTIONS: Address each of the attached in narrative form.



Russell Pruitt, MD

is recognized as having successfully completed the
ATLS® Course for Doctors according to the standards
established by the ACS Committee on Trauma.

Sharon M. Heary, MD, FACS, Jack Sava, MD
Chair

Chairperson,
ATLS Subcommittee

ACS Chairperson,
State/Provincial
Committee on Trauma

ATLS Course Director

Date of Issue: 05/05/2015

Date of Expiration: 05/05/2019



AMERICAN COLLEGE
OF SURGEONS

Inspiring Quality:
Highest Standards,
Better Outcomes



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Issue Date: 05/05/2015

Expiration Date: 05/05/2019

Chairperson,
ATLS Subcommittee

ACS Chairperson, State/Provincial
Committee on Trauma

CS: 47029-P Course Director ATLS ID:

Replacement ATLS cards are available for a \$10 USD fee.

Russell Pruitt, MD, FACS

Education:

Medical Degree
Emory University School of Medicine, 1991

General Surgery Residency (categorical)
Carolinas Medical Center
Charlotte, NC
1996

Board Certified
American Board of Surgery 1997
Recertified 2007

Undergraduate Education
Emory College of Emory University, BS, Biology, 1987
Oxford College of Emory University, AA, 1985

Professional Societies
Fellow, American College of Surgeons
Georgia Surgical Society
Society American Gastrointestinal and Endoscopic Surgeons

Employment:

Cartersville Surgical Associates, Partner
Cartersville, GA
8/1996-12/2006

Papp Clinic
Dept of Surgery
1/2007-09/2008

Northwest Georgia Surgical Specialists, PC
President
4900 Ivey Road Building 1000
Suite 1025
Acworth, GA 30101
Sept 2008-present

Fairview Park Hospital
Dublin, GA
Acute Care Surgery Program
July 2010- present

Piedmont Hospital
Atlanta, Georgia
Acute Care Surgery Program
Jan 2012-Dec 2012

Frederick Memorial Hospital
Frederick, Maryland
Surgicalist program
Feb 2013- October 2013

Novant Acute Care Surgeons
Forsyth Medical Center
Winston Salem, NC
November 2013 - present

Delphi of TeamHealth
Reid Health

Trauma Medical Director/Director of Acute Care Surgery
Richmond, IN
December 2014 - present

Chief of Minimally Invasive Surgery
Cartersville Medical Center
2005-2006

Cartersville Medical Center
Chief, Dept of Surgery
2004

Consultant:

Ethicon Endosurgery

Instructor:

Laparoscopic Suturing and Skill Development Course
Ethicon Endosurgery
Chattanooga, TN
6/08

George Washington School of Medicine
Washington, DC
5/08

Ethicon Endosurgery Institute
Newark, NJ
5/08

Baylor College of Medicine
Houston, TX
3/7/08

St Joseph's Hospital
Atlanta, GA
1/26/08

Methodist Hospital
PIMIT
Dallas, TX
12/07

George Washington University School of Medicine
Washington, DC
12/07

Holy Cross Hospital
GATE Institute
Washington, DC
8/07

Crestwood Hospital
Huntsville, AL
6/07

St Joseph's Hospital
Atlanta, GA
1/07

Bayfront Medical Center
St Petersburg, FL
12/06

St Joseph's Hospital
Atlanta, GA
3/07

Guest Speaker:

Southeast Connecticut Laparoscopic Society
Advances in Minimally Invasive Surgery
2/05

AORN/RNFA Conference
Louisville, KY
9/07

Georgia Society of General Surgeons
Advances in Minimally Invasive Surgery
5/07

Laparoscopic Suturing Preceptor:

North Shore University Hospital
Syosset, NY
11/07

Preceptor, Laparoscopic Colectomy
Flint, Michigan
5/08

Laparoscopic Colectomy (Skills Development Session)
Las Vegas, NV
5/08

Dome Down Laparoscopic Cholecystectomy
Grand Rounds, Dept of Surgery
Medical College of Central Georgia
Macon, GA
May 2007

Medical College of Georgia
Augusta, GA
9/2000

University of Southern Alabama
Mobile, AL
6/2000

Top Gun Suturing and Skill Development, (Dr. Butch Rosser)
Instructor

SAGES
Ft Lauderdale, FL
April 2005

St Joseph's Hospital
Atlanta, GA
October, 2005

Cartersville Medical Center
Cartersville, GA
August, 2005

AGREEMENT FOR GENERAL SURGERY HOSPITALIST SERVICES

THIS AGREEMENT FOR GENERAL SURGERY ON CALL HOSPITALIST SERVICES ("Agreement"), made this 22nd day of April, 2014 ("Effective Date"), is by and between DHP of Richmond, P.C., an Indiana professional corporation, ("Group"), Reid Physician Associates, Inc., a physician group ("RPA") and Reid Hospital and Health Care Services, Inc. ("Hospital").

RECITALS

A. Hospital is the owner and operator of an acute care general hospital located in Richmond, Indiana, which is equipped to provide General Surgery medical services and which requires the professional medical services of physicians.

B. Reid Physician Associates, Inc. ("RPA") is a physician group and wholly owned subsidiary of Hospital.

C. Hospital and RPA recognize that the efficient functioning of the Hospital requires the supervision and direction of a single group of physicians who have the training, experience, and qualifications necessary to operate a General Surgery Hospitalist program as described in Attachment A (the "Program") to provide professional medical services to patients of Hospital and medical direction for the Program.

D. Group contracts with physicians each of whom is duly licensed and qualified to practice medicine in the State of Indiana (the "State") to provide medical services at hospitals and other health care facilities and agrees to provide independent contractor physicians as the exclusive providers to provide the Program in Hospital's premises in accordance with the terms and conditions set forth in this Agreement.

E. Hospital and RPA operate as a community service for members of the community and other persons who may require medical and/or hospital services and have determined that the proper, orderly, and efficient delivery of quality medical services to Hospital's and RPA's patients ("Patients") can best be accomplished by entering into an exclusive coverage agreement with Group.

F. Hospital and RPA desires to engage Group to provide or arrange for the provision of the Services (as defined below) by certain physicians designated by the Group from time to time (each, a "Physician" and, collectively, the "Physicians"), to provide the Hospitalist Services.

G. The parties desire to provide a full, complete and comprehensive statement of their agreement in connection with the operation of the Program in Hospital's facility during the term of this Agreement.

NOW, THEREFORE, in consideration of the mutual promises of the parties hereto, and of the mutual covenants and conditions hereinafter set forth, the parties agree as follows:

1. Term and Termination.

a. *Term of Agreement.* The initial term of this Agreement shall be for three (3) years, beginning as of July 28, 2014, or such other date as the parties may mutually agree upon in writing on which Group has adequate numbers of Physicians to perform all of the Services provided for herein (the "Service Commencement Date"), unless terminated earlier as provided herein. Upon expiration of the initial term and any subsequent renewal term, this Agreement shall automatically renew for additional one (1) year periods each unless this Agreement is otherwise terminated as provided herein.

b. *Termination With Cause.* If either party shall default in the performance of any of its obligations hereunder (other than the payment of money as discussed further below), and such default continues and is not

on a monthly basis with the on-call schedule identifying the individual on call Physician(s) and shall, on a monthly basis on or before the fifth day of each calendar month during the entire term of this Agreement, commencing with the second calendar month, submit a signed written statement to RPA in a form reasonably acceptable to RPA detailing the coverage services provided during the immediately preceding calendar month.

e. *Services.* The Services provided by Group's Physicians shall include all General Surgery Hospitalist services at Hospital and supervision of the Program in accordance with the terms of this agreement. Physicians shall provide services and coverage to unassigned general surgery patients and patients requiring Level III Trauma surgical services, with availability to provide inpatient and ambulatory consults as required.

f. *Medical Director.* Group will enter into an Administrative Medical Director Agreement with one of the Physicians, with the approval of Hospital, pursuant to which Group will provide a Physician to serve as Administrative Medical Director (the "Director") of the Program at Hospital. The Director shall satisfy the qualifications set forth in Attachment B, attached hereto and incorporated herein. The Director shall perform the services set forth in Attachment B in addition to the applicable Services.

g. *Program Coordinator.* Group shall recruit and engage, subject to Hospital's acceptance, which shall not be unreasonably withhold, one (1) FTE Program Coordinator for the Program. The Program Coordinator shall perform the services set forth in Attachment C (the "Coordinator Services"), attached hereto and incorporated herein.

h. *Mid Level Provider.* Hospital shall provide an Advanced Practice Nurse as part of the Hospital's Care Advance Team (CAT) to assist with Program operations, including but not limited to: ; post-surgical rounding; and emergency patient evaluation. Group will require each Physician to execute a Collaborative or Supervisory Agreement for the Advanced Practice Nurse(s) or Physician Assistant(s) working with Physician as part of Hospital's CAT with Physician collaboration or supervision provided only during the time the Advanced Practice Nurse(s) or Physician Assistant(s) are assisting with Program operations. Hospital agrees to recruit (1) FTE experienced Advance Practice Nurses or Physician Assistant should the program volumes grow to the level requiring additional resources.

i. *Review of Activities.* Group and RPA agree to meet as necessary to review and discuss the course of performance under this Agreement, and, where indicated, to implement proposals to insure that the covenants of this Agreement are mutually respected and executed. The parties shall use best efforts to cooperate with each other in assisting each other's performance under this Agreement.

j. *Professional Conduct of Physicians.* Group will ensure that each Physician shall act in a professional manner and shall discharge duties in a responsible manner at all times during the term of this Agreement. Each Physician shall not engage in any activity or conduct that may adversely affect the reputation or standing of RPA or Hospital or that may disrupt the provision of medical care, provided that nothing herein shall be construed to prevent Physician from engaging in political or other similar activities. Physician shall work cooperatively with other employees, RPA administrators, and Hospital Medical Staff members. The professional conduct of the Physicians at Hospital shall be governed by the Bylaws, rules and regulations, and policies and procedures of Hospital and of the Medical Staff, and by the rules applicable to Hospital's employees including its C.A.R.E. principles. Provided, however, that notwithstanding anything to the contrary in such Bylaws, rules and regulations, and policies and procedures, Physicians will be removed from the schedule of Physicians providing Services in Hospital in the event that RPA gives written notice that it deems the actions or inactions of any Physician to be possibly detrimental to the health or safety of Hospital's patients or to Hospital's reputation or standing in the community. Physicians shall not be the subject of more than one Medical Staff disciplinary action in any twelve month period. In the event that RPA gives written notice that it deems the performance or behavior of any Physician to be unsatisfactory for any reason other than as described in the preceding sentence, then RPA shall give written notice to Group setting forth its reason for dissatisfaction. If RPA and Group cannot mutually

By: Kurt M. B.

Title: Sr. Vp Operations

Date: 5/9/2014

Hospital

By: AL Kuyini

Title: President and CEO

Date: 4-22-14

By: AL Kuyini

Title: President and CEO

Date: 4-22-14

ATTACHMENT B
General Surgery Hospitalist Medical Director
Position Description

Medical Directors are acknowledged as the first-line physician-managers in Group's client hospitals. A well-chosen Medical Director (the "Director") who succeeds in this important leadership role is the best guarantee for a successful long-term relationship with the hospital and the physician group. For these reasons, Group has delineated certain qualifications and responsibilities that are expected of the individual selected to be the Director under the Agreement. By maintaining these standards, it is anticipated that Group will be able to select those individuals most likely to succeed as physician-managers and provide them with guidelines to help them accomplish their tasks.

Pursuant to the Agreement, Group shall provide to Hospital a Director who satisfies the requirements set forth for all Physicians in the Agreement in addition to the requirements and qualifications set forth below. In addition to providing Services to Hospital as set forth in the Agreement, Group shall cause the Director to perform those Services to Hospital set forth below.

Qualifications of Physician to Serve as Director

1. Medical staff membership at Hospital.
2. Maintenance of current unrestricted license to practice medicine in the State and DEA registration as required by Hospital's Medical Staff Bylaws and rules and regulations; and has never had any such licenses or certificates in this or any other state or country limited, withdrawn, suspended, curtailed, placed on probation or revoked.
3. Maintains status as a Qualified Health Care Provider under the Indiana Medical Malpractice Statute.
4. Board certified in General Surgery with trauma certification.
5. Possessing an independent contractor agreement with a Group-affiliated company.
6. Possess leadership/management skills sufficient to command respect of Hospital administrative and Medical Staff.
7. Has never been denied membership or reappointment to membership on the medical staff of any health care facility, and no health care facility medical staff membership or clinical privileges of such Physician have ever been limited, suspended, curtailed, revoked, placed on probation, withdrawn, or subject to reprimand whether voluntarily or as a result of action (either formal or informal) initiated by any health care facility or its medical staff.

Duties/Responsibilities

1. Hospital
 - a. The Director shall exemplify professionalism and shall be a role model for the Physicians in personal attributes, professional standards of care, and participation in Medical Staff affairs.
 - b. The Director shall preside over regularly conducted meetings provided for the Program staff and shall attend appropriate Hospital staff meetings. Involvement in the Hospital Medical Staff and Hospital committee structure is required.

- c. The Director, with support from corporate management, as requested, shall address with Physicians problems identified by Hospital Administration regarding matters such as charting practices, dress, professional conduct, etc.
- d. The Director shall be accountable to Hospital Administration for administrative duties pertaining to the Program.
- e. The Director, or his/her designee, shall serve on Hospital and/or Medical Staff committees or task forces when requested.
- f. The Director shall maintain good relations with the internal Hospital community, including the Medical Staff, administration and the Hospital Board of Directors.
- g. The Director shall advise Hospital on staffing and personnel needs and evaluation of individual personnel qualifications of persons providing or being considered to provide assistance and support in the Program, and advise Hospital immediately of any incompetence, deficiency, lack of ability, lack of proper training, or unexcused absences of personnel provided. The Director shall advise Hospital on the evaluation, supervision, and training of Hospital personnel providing assistance and support in the Program and shall assist Hospital with scheduling work hours and training of such personnel.
- h. The Director shall notify Hospital if any equipment in Hospital utilized by any Physician in performance of the Services under this Agreement is defective, inoperative or in disrepair.
- ~~i. The Director shall participate as requested by Hospital in the administrative functions necessary to ensure the effective and efficient management of the Program.~~
- j. The Director shall participate as requested by Hospital in the long range planning of the Program, including, but not limited to, equipment selection, budgeting and staffing.
- k. The Director shall assist the Hospital in obtaining and maintaining accreditation and all licenses, permits and other authorizations, plus achieving all accreditation standards which are dependent upon, or applicable to, in whole or in part, the manner in which the program is conducted.
- l. The Director shall meet on a monthly basis, or as agreed upon, with the President of Hospital or his designee.
- m. The Director shall be responsible to deal with the day to day clinical operations pertaining to the Services provided by the Physicians.

II. Corporate

- a. The Director should work closely with Group's subsidiary manager, office staff and assigned Group Medical Officer to maintain communications so that operation/management problems can be avoided or resolved. The Director should be an essential part of recruitment efforts for his/her practice and should assist in staffing efforts. Regular communications with the Group Medical Officer assigned will assist in keeping abreast of new information.
- b. Medical Director Administrative Time Logs should be completed and submitted monthly to the Group subsidiary manager. These will be available for Hospital to review as requested.

- c. Attendance at Group Medical Director Forums is an expected and important part of the Director's continuing management education.

III. Quality Improvement

- a. The Director shall provide on-going review of existing Program policies and procedures and shall recommend changes to Hospital administration as needed.
- b. The Director or a designee shall participate in Medical Staff quality review activities.
- c. The Director shall maintain a posture of patient advocacy and promote this attitude to physician and nursing staff members.

IV. Credentialing

- a. The Director shall maintain continuing review of the professional performance of all Physicians affiliated with the Program, working closely with the Hospital's medical staff quality program and surgical section chief.

V. Education

- a. The Director shall participate in nursing in-service education programs as needed.
 - b. The Director shall promote regular attendance at continuing medical education courses by staff physicians and should insure that the staff physicians meet institutional requirements of CME.
-

VI. Clinical

- a. It shall be the Director's responsibility to maintain strong clinical skills in order to set the example of professional competence in Hospital. The number of clinical hours per month and administrative hours per month expected of the Director shall be agreed upon in writing and the terms of this Agreement predictably fulfilled.
- b. The Director shall work a representative sample of night, weekend and holiday shifts to experience first-hand the Program during these times.

June 2015

JUN 2015

Go

period status: Published

monthly weekly daily

Admin Calendar

REID HOSPITAL - GS: 21165

June 01, 2015

June 30, 2015

Apply Rules to All Shifts

hide tasks

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31 Call J.W.Kempen	Jun 1 Call J.W.Kempen	2 Call J.W.Holmes	3 Call J.W.Holmes	4 Call J.W.Holmes	5 Call J.W.Holmes	6 Call J.W.Holmes
7 Call J.W.Holmes	8 Call J.A.Zitare	9 Call J.A.Zitare	10 Call J.A.Zitare	11 Call J.A.Zitare	12 Call J.A.Zitare	13 Call J.A.Zitare
14 Call J.A.Zitare	15 Call J.A.Zitare	16 Call (Open) Holmes	17 Call (Open) Holmes	18 Call (Open) Holmes	19 Call R.F.Pruitt	20 Call R.F.Pruitt
21 Call R.F.Pruitt	22 Call R.F.Pruitt	23 Call R.F.Pruitt	24 Call R.F.Pruitt	25 Call R.F.Pruitt	26 Call R.F.Pruitt	27 Call R.F.Pruitt
28 Call R.F.Pruitt	29 Call J.A.Zitare	30 Call J.A.Zitare	Jul 1 Call J.A.Zitare	2 Call J.A.Zitare	3 Call J.A.Zitare	4 Call J.A.Zitare
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Location Group: Team DTH

July 2015

Period Status: Revised

Monthly Weekly Daily

JUL 2015 Go

Admin Calendar

Apply Rules to All Shifts

REID HOSPITAL - GSI 21165

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28 Call R.F.Pruitt	29 Call J.A.Zitare	30 Call J.A.Zitare	Jul 1 Call J.A.Zitare	2 Call J.A.Zitare	3 Call J.A.Zitare	4 Call J.A.Zitare
5 Call J.A.Zitare	6 Call J.W.Holmes	7 Call J.W.Holmes	8 Call J.W.Holmes	9 Call J.W.Holmes	10 Call J.W.Kempen	11 Call J.W.Kempen
12 Call J.W.Kempen	13 Call J.W.Kempen	14 Call J.W.Kempen	15 Call R.F.Pruitt	16 Call R.F.Pruitt	17 Call R.F.Pruitt	18 Call R.F.Pruitt
19 Call R.F.Pruitt	20 Call R.F.Pruitt	21 Call J.A.Zitare	22 Call J.A.Zitare	23 Call J.A.Zitare	24 Call J.A.Zitare	25 Call J.A.Zitare
26 Call J.A.Zitare	27 Call R.F.Pruitt	28 Call R.F.Pruitt	29 Call R.F.Pruitt	30 Call R.F.Pruitt	31 Call R.F.Pruitt	AUG 1 Call R.F.Pruitt
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

1 August 2015

Period Status: In Process

monthly weekly daily

AUG 2015 Go

REID HOSPITAL - GS: 21165

Apply Rules to All Shifts

August 01, 2015 - August 31, 2015

Admin Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26 Call J.A.Zitare	27 Call R.F.Pruitt	28 Call R.F.Pruitt	29 Call R.F.Pruitt	30 Call R.F.Pruitt	31 Call R.F.Pruitt	Aug 1 Call R.F.Pruitt
2 Call R.F.Pruitt	3 Call R.F.Pruitt	4 Call J.A.Zitare	5 Call J.A.Zitare	6 Call J.A.Zitare	7 Call J.W.Holmes	8 Call J.W.Holmes
9 Call J.W.Holmes	10 Call R.F.Pruitt	11 Call R.F.Pruitt	12 Call R.F.Pruitt	13 Call J.A.Zitare	14 Call J.A.Zitare	15 Call J.A.Zitare
16 Call J.A.Zitare	17 Call J.A.Zitare	18 Call J.A.Zitare	19 Call J.A.Zitare	20 Call J.A.Zitare	21 Call J.W.Kempen	22 Call J.W.Kempen
23 Call J.W.Kempen	24 Call J.W.Kempen	25 Call J.W.Holmes	26 Call J.W.Holmes	27 Call R.F.Pruitt	28 Call R.F.Pruitt	29 Call R.F.Pruitt
30 Call R.F.Pruitt	31 Call R.F.Pruitt	Sep 1 Call (Open)	2 Call (Open)	3 Call (Open)	4 Call (Open)	5 Call (Open)
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Location Group: Team DTH

September 2015

Period Status: Published

Monday Weekly

SEP 2015

Go

Admin Calendar

REID HOSPITAL - GS: 21165

SEP 2015

Go

September 01, 2015 - September 30, 2015

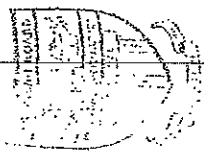
Apply Rules to All Shifts

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30 Call R.F.Pruitt	31 Call R.F.Pruitt	Sep 1 Call (Open) Prentiss	2 Call (Open) Prentiss	3 Call (Open) Prentiss	4 Call S.K.Branch	5 Call S.K.Branch
6 Call S.K.Branch	7 Call S.K.Branch	8 Call S.K.Branch	9 Call S.K.Branch	10 Call S.K.Branch	11 Call S.K.Branch	12 Call (Open)
13 Call (Open)	14 Call (Open) Prentiss	15 Call R.F.Pruitt	16 Call R.F.Pruitt	17 Call S.K.Branch	18 Call S.K.Branch	19 Call S.K.Branch
20 Call S.K.Branch	21 Call S.K.Branch	22 Call S.K.Branch	23 Call R.F.Pruitt	24 Call R.F.Pruitt	25 Call R.F.Pruitt	26 Call R.F.Pruitt
27 Call R.F.Pruitt	28 Call R.F.Pruitt	29 Call R.F.Pruitt	30 Call S.K.Branch	Oct 1 Call S.K.Branch	2 Call S.K.Branch	3 Call S.K.Branch
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Location Group: Team DTH

THE AMERICAN BOARD OF SURGERY

Incorporated



created in 1937 for the certification of Surgeons
hereby declares that

Russell Franklin Pruitt

having been previously certified, has satisfied all the
requirements for recertification and is hereby reaffirmed
as certified in the specialty of Surgery

Attest:

Timothy C. Flynn
CHAIRMAN

Russell D. Packer
VICE CHAIRMAN

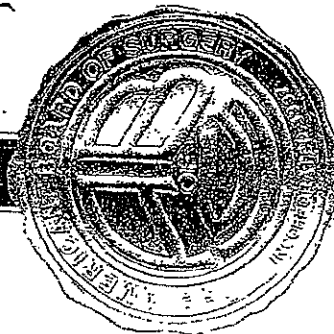
Philadelphia, Pa.

Frederic R. Luning
SECRETARY - TREASURER

ISSUED: November 27, 2007

VALID UNTIL: July 1, 2018

CERTIFICATE NO. 42789



Level: Application

Total Number of Operational Process Performance Committee meetings held last year:	12	Specialty Represented	10/29/2014	11/19/2014	12/9/2014	1/15/2015	2/18/2015	1. Please place total num 2. Place all meeting date: (i.e. if you only had quart 3. Then list all committee 4. The overall attendance			
Operational Process Performance Committee	Member Name	Example: Amanda Elkofer	X								
		Russell Pruitt, MD			X			X			
		Jamie Brummielt, MD	X		X			X			
		Kay Cartwright, RN	X		X			X			
		Ryan Williams, RN	X		X			X			
		Victoria Mead, RN	X		X			X			
		Anna Brown, RN									
		Jessica Hinshaw									
		Donna Sheppard	X		X			X			
		Amy Engle, RN									
		Chuck McGill									
		Gene DiTullio									
		Misti Foust-Cofield, RN									
		Gregory Woods, MD	X								
		Chad Reed, MD									
		Matt Stearley, MD									
		Horia Draghiciu, MD									
		Jeremy Lindahl, MD									
		Joseph Zitarelli, MD	X		X			X			
		Steven Branch, MD (Started August 2015)									
		Donald Prentiss, MD (Started August 2015)									
		Giovanni Salerno, MD (Started August 2015)									
		Jason Kempenich, MD (Locums)			X						X
		Jonathon Holmes, MD (Locums)	X		X			X			

Number of Operational Process Performance Committee meetings held in B1 field. In columns C2 through N2, using only the number of columns appropriate for your facility and deleting excess columns. Early meetings, then enter dates in C2 through F2) Members in column A with their attendance recorded in appropriate columns We will automatically calculate in column O and overall percentage in column P.										
3/17/2015	4/13/2015	5/8/2015	6/19/2015	7/15/2015	8/12/2015	9/16/2015			Overall Attendance	Overall Attendance Percentage
X		X				X			7	58%
X	X	X	X		X	X			10	83%
X	X	X	X		X	X			12	100%
	X		X		X				7	58%
X	X	X	X		X	X			12	100%
X	X	X	X		X	X			12	100%
					X	X			3	25%
X	X	X	X		X	X			7	58%
X	X	X	X		X	X			12	100%
					X	X			2	17%
					X	X			2	17%
					X	X			2	17%
X		X			X	X			4	33%
									2	17%
			X		X	X			4	33%
									2	17%
			X		X	X			4	33%
									2	17%
			X		X	X			4	33%
									3	25%
									3	25%
									3	25%
X	X	X	X		X	X			11	92%
					X	X			2	100%
					X	X			2	100%
					X	X			2	100%
X		X	X		X	X			6	60%
X	X	X	X		X	X			7	70%

Level 1 Application

Total Number of Trauma Peer Review Committee meetings held last year:	12	Specialty Represented	10/29/2014	11/19/2014	12/9/2014	1/15/2015	2/18/2015
Trauma Peer Review Committee Member Name							
Example: John Smith, MD		Trauma Surgeon	X	X		X	
Russell Pruitt, MD		TMD			X	X	
Jamie Brummie, MD		Emergency Medicine	X	X	X	X	
Ryan Williams, RN		TPM	X	X	X	X	
Victoria Mead, RN		ED Manager	X	X	X	X	
Anna Brown, RN		ED/Trauma Educator					
Jessica Hinshaw		Registrar/Coding					
Donna Sheppard		Registrar/Ofc Mgr	X	X	X	X	
Amy Engle, RN		CCU Educator					
Misti Foust-Cofield, RN		CCU Manager					
Gregory Woods, MD		Orthopedics	X	X			
Chad Reed, MD		Orthopedics					
Matt Stearley, MD		Anesthesia					
Horia Draghiciu, MD		Critical Care					
Jeremy Lindahl, MD		Radiology					
Joseph Zitarelli, MD		Trauma Services	X	X	X	X	
Steven Branch, MD (Started August 2015)		Trauma Services					
Donald Prentiss, MD (Started August 2015)		Trauma Services					
Giovanni Salerno, MD (Started August 2015)		Trauma Services					
Jason Kempenich, MD (Locums)		Trauma Services			X		X
Jonathon Holmes, MD (Locums)		Trauma Services	X	X		X	

ber of Trauma peer Review Committee meetings held in B1 field. : In columns C2 through N2, using only the number of columns appropriate for your facility and deleting excess columns . uly meetings, then enter dates in C2 through F2) members in column A with their attendance recorded in appropriate columns : will automatically calculate in column O and overall percentage in column P.									
3/17/2015	4/13/2015	5/8/2015	6/19/2015	7/15/2015	8/12/2015	9/16/2015	Overall Attendance	Overall Attendance Percentage	
X		X		X		X	7	58%	
X	X	X	X	X	X		10	83%	
X	X	X	X	X	X		12	100%	
X	X	X	X	X	X		12	100%	
X	X	X	X	X	X		12	100%	
				X	X		3	25%	
X	X	X	X	X	X		7	58%	
X	X	X	X	X	X		12	100%	
				X	X		2	17%	
X		X		X	X		4	33%	
							2	17%	
			X	X	X		4	33%	
				X	X		3	25%	
				X	X		3	25%	
				X	X		3	25%	
X	X	X	X	X	X		11	92%	
					X		2	100%	
					X		2	100%	
					X		2	100%	
X		X	X	X			6	60%	
X	X		X	X			7	70%	

Ryan Williams, RN, BSN, CEN, CFRN, EMT-P

Education:

Indiana Wesleyan University Marion, IN 2014 - Present
Masters of Science in Nursing/Masters of Business Administration
Expected graduation date of May 2017

Clarke State Community College Springfield, OH 2005
Emergency Medical Technician – Paramedic
RN to Paramedic bridge program

Indiana University East Richmond, IN 2001
Bachelors of Science in Nursing
Dean's List

Indianapolis Fire Department/Winona Hospital Indianapolis, IN 1996
Emergency Medical Technician – Basic Program

Professional Experience:

Reid Hospital and Health Care Services – Richmond, IN 1998-Present
Trauma Program Manager & EMS Coordinator – Emergency Department
Responsible for supervision of nursing practice, hospital liaison for multiple EMS and fire agencies, assist in education for the emergency department, policy review and contract development. Responsible for the development of our ACS verified trauma program and the day to day operations of that program.

Indiana University Health – LifeLine Indianapolis, IN 2014-2015
Flight Nurse/Paramedic
Responsible for the treatment and transport of the critically ill/injured patient as well as crew safety during all operations of transport.

Miami Valley Hospital – CareFlight Dayton, OH 2005-2014
Crew Leader/Flight Nurse/Paramedic
Responsible for transport/patient care of the critically ill and/or injured patient; crew safety; and education for EMS/Police/Fire personnel. As crew leader, responsible for six bases/crews coordinating staffing and general program operations.

Indiana University East – School of Nursing – Richmond, IN

2003-2006

Lab Coordinator

Responsible for assisting nursing students in skills stations, ordering lab supplies, testing students and providing one on one instruction.

Professional Licensure:

Registered Nurse – State of Indiana

2001-Present

Registered Nurse – State of Ohio

2005-Present

Certifications:

Basic Life Support – Instructor (BLS)

Current

Advanced Cardiac Life Support – Instructor (ACLS)

Current

Trauma Nurse Core Course-Instructor (TNCC)

Current

Pediatric Advanced Life Support (PALS)

Current

Neonatal Resuscitation (NRP)

Current

Certified Emergency Nurse (CEN)

Current

Certified Flight Registered Nurse (CFRN)

Current

EMT-Paramedic

Current

International Trauma Life Support (ITLS)

Current

Advanced Trauma Life Support (Audit)

Current

Professional Memberships:

Society of Trauma Nurses

2013-Present

Emergency Nurses Association

2008-Present

Indiana Firefighter's Association

1995-Present

Committees:

Indiana State Council – Emergency Nurses Association, EMS Liaison

2012-Present

Indiana Trauma Care Committee – Governor appointed

2010-Present

Indiana Trauma Task Force

2008-2010

Wayne County 911 Operations Board

2009-Present

Wayne County EMS Medical Direction Committee

2002-Present

Reid Hospital Emergency Management Committee

2012-Present

Awards:

Reid Hospital Nursing Excellence Award

2011

**Trauma Program Manager
Continuing Education Record
September 2014 to September 2015**

Date:	Topic:	Hours:		
9/19/2014	Opioid Tragedy	1.0		
10/8/2014	Trauma Triad of Death	1.5		
10/22/2014	ITLS	7.5		
12/15/2014	Adult/Peds Trauma Simulations	4.0		
1/20/2015	Penetrating Chest Trauma	2.0		
2/7/2015	Cervical Spine Injuries	1.0		
2/20/2015	Field Amputation	0.5		
4/21/2015	Orthopedic Trauma	3.0		
5/11/2015	NeuroTrauma	1.5		
7/16/2015	District 6 Trauma Tour	3.0		
9/4/2015	Geriatric Trauma	2.0		
Total:		27.0		

Level Application

Total Number of Operational Process Performance Committee meetings held last year:	12	Specialty Represented	10/29/2014	11/19/2014	12/9/2014	1/15/2015	2/18/2015
Operational Process Performance Committee		Member Name					
		Example: Amanda Elikofer					
		Russell Pruitt, MD					
		Jamie Brummiett, MD					
		Kay Cartwright, RN					
		Ryan Williams, RN					
		Victoria Mead, RN					
		Anna Brown, RN					
		Jessica Hinshaw					
		Donna Sheppard					
		Amy Engle, RN					
		Chuck McGill					
		Gene DiTullio					
		Misti Foust-Cofield, RN					
		Gregory Woods, MD					
		Chad Reed, MD					
		Matt Stearley, MD					
		Horla Draghiciu, MD					
		Jeremy Lindahl, MD					
		Joseph Zitarelli, MD					
		Steven Branch, MD (Started August 2015)					
		Donald Prentiss, MD (Started August 2015)					
		Giovanni Salerno, MD (Started August 2015)					
		Jason Kempenich, MD (Locums)					
		Jonathon Holmes, MD (Locums)					

Number of Operational Process Performance Committee meetings held in B1 field. Enter in columns C2 through N2, using only the number of columns appropriate for your facility and deleting excess columns. For early meetings, then enter dates in C2 through F2) Members in column A with their attendance recorded in appropriate columns. The system will automatically calculate in column O and overall percentage in column P.										Overall Attendance	Overall Attendance Percentage
3/17/2015	4/13/2015	5/8/2015	6/19/2015	7/15/2015	8/12/2015	9/16/2015					
X		X		X		X				7	58%
X	X	X	X	X	X	X				10	83%
X	X	X	X	X	X	X				12	100%
	X		X		X					7	58%
X	X	X	X	X	X	X				12	100%
X	X	X	X	X	X	X				12	100%
				X	X	X				3	25%
X	X	X	X	X	X	X				7	58%
X	X	X	X	X	X	X				12	100%
				X	X	X				2	17%
				X	X	X				2	17%
				X	X	X				2	17%
X		X				X				4	33%
										2	17%
			X	X	X	X				4	33%
				X	X	X				3	25%
				X	X	X				3	25%
				X	X	X				3	25%
X	X	X	X	X	X	X				11	92%
					X	X				2	100%
					X	X				2	100%
					X	X				2	100%
X		X	X	X						6	60%
X	X		X	X						7	70%

Level Application

Total Number of Trauma Peer Review Committee meetings held last year:	12	Specialty Represented	10/29/2014	11/19/2014	12/9/2014	1/15/2015	2/18/2015
Trauma Peer Review Committee Member Name							
Example: John Smith, MD		Trauma Surgeon	X	X		X	
Russell Pruitt, MD		TMD			X	X	X
Jamie Brummie, MD		Emergency Medicine	X	X	X	X	X
Ryan Williams, RN		TPM	X	X	X	X	X
Victoria Mead, RN		ED Manager	X	X	X	X	X
Anna Brown, RN		ED/Trauma Educator					
Jessica Hinshaw		Registrar/Coding					
Donna Sheppard		Registrar/Ofc Mgr	X	X	X	X	X
Amy Engle, RN		CCU Educator					
Misti Foust-Coffield, RN		CCU Manager					
Gregory Woods, MD		Orthopedics	X	X			
Chad Reed, MD		Orthopedics					
Matt Stearley, MD		Anesthesia					
Horia Draghiciu, MD		Critical Care					
Jeremy Lindahl, MD		Radiology					
Joseph Zitarelli, MD		Trauma Services	X	X	X	X	
Steven Branch, MD (Started August 2015)		Trauma Services					
Donald Prentiss, MD (Started August 2015)		Trauma Services					
Giovanni Salerno, MD (Started August 2015)		Trauma Services					
Jason Kempenich, MD (Locums)		Trauma Services			X		X
Jonathon Holmes, MD (Locums)		Trauma Services	X	X		X	

ber of Trauma peer Review Committee meetings held in B1 field. : in columns C2 through N2, using only the number of columns appropriate for your facility and deleting excess columns . uly meetings, then enter dates in C2 through F2) members in column A with their attendance recorded in appropriate columns. : will automatically calculate in column O and overall percentage in column P.										
3/17/2015	4/13/2015	5/8/2015	6/19/2015	7/15/2015	8/12/2015	9/16/2015	Overall Attendance	Overall Attendance Percentage		
X		X		X		X	7	58%		
X	X	X	X	X	X	X	10	83%		
X	X	X	X	X	X	X	12	100%		
X	X	X	X	X	X	X	12	100%		
X	X	X	X	X	X	X	12	100%		
							3	25%		
X	X	X	X	X	X	X	7	58%		
X	X	X	X	X	X	X	12	100%		
							2	17%		
X		X			X	X	4	33%		
							2	17%		
			X		X	X	4	33%		
				X	X	X	3	25%		
				X	X	X	3	25%		
				X	X	X	3	25%		
X	X	X	X	X	X	X	11	92%		
					X	X	2	100%		
					X	X	2	100%		
					X	X	2	100%		
X		X	X	X			6	60%		
X	X		X	X			7	70%		

Certificate of Completion

Presented to

Ryan Williams

Continuing Education Units (1 hour)

Trauma Tour Registry Refresher Training

August 13, 2015



Indiana State
Department of Health

Jerome Adams
Jerome M. Adams, MD, MPH
State Health Commissioner



Williams, Ryan

Subject: FW: Question
Attachments: Quarter_Submissions_and_Hospitals(8) (2).xls

Ryan Williams, RN, BSN, CEN, CFRN, EMT-P
Trauma Program Manager & EMS Coordinator, Emergency Services
Reid Health – Right beside you.
1100 Reid Parkway | Richmond, IN 47374
Ryan.Williams@ReidHealth.org
(765) 983-3144 | Cell: (765) 993-1360 | Fax: (765) 983-3038
ReidHealth.org

From: Nimry, Ramzi T [<mailto:RNimry@isdh.IN.gov>]
Sent: Tuesday, September 29, 2015 10:17 AM
To: Williams, Ryan
Subject: RE: Question

Hi Ryan,

I update this Excel spreadsheet every quarter on hospitals that have been submitting since 2013
(<http://www.in.gov/isdh/25942.htm>) ...you can find this towards the bottom of the link but I have also attached it. Hopefully this would suffice.

Thanks,

Ramzi

HOSPITAL NAME	Q1 2013	Q2 2013	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015
Cameron Memorial	X	X	X	X	X	X	X	X	X	
Clark Memorial					X	X	X	X	X	
Columbus Regional					X	X	X	X	X	
Community Anderson	X	X	X	X	X	X	X	X	X	
Community Bremen	X	X	X	X	X	X	X	X	X	
Community East					X	X	X	X	X	
Community Howard					X	X	X	X	X	
Community North					X	X	X	X	X	
Community Hospital Munster										
Community South					X	X	X	X	X	
Daviness Community		X	X		X	X	X	X	X	
Deaconess Gateway				X	X	X	X	X	X	
Deaconess Hospital	X	X	X	X	X	X	X	X	X	
Dearborn County						X	X	X		
Decatur County Memorial										
DeKalb Health					X	X	X	X	X	
Dukes Memorial			X	X	X	X	X	X	X	
Dupont Hospital						X	X	X	X	
Elkhart General	X	X	X	X	X	X	X	X	X	
Eskapeez Health	X	X	X	X	X	X	X	X	X	
Fayette Regional Health								X		
Floyd Memorial				X	X	X	X	X	X	
Gibson General		X			X	X	X	X	X	
Good Samaritan	X	X	X	X	X	X	X	X	X	
Greene County				X	X	X	X	X	X	
Hancock Regional					X	X	X	X		
Harrison County							X	X		
Hendricks Regional	X		X	X	X	X	X		X	
Henry County Memorial		X	X	X	X	X	X	X	X	
Ida HealthCare	X	X	X	X	X	X	X	X	X	
Ida HealthCare Memorial	X	X	X	X	X	X		X	X	

[illegible]

[illegible]



Donna Sheppard

Education:

Sinclair Community College - 1995
Emergency Medical Technician

National Trail High School - Graduated 1977

Experience:

Reid Health - April 2015 to Present
Office Supervisor/Trauma Registrar

Northwest Fire and EMS - 1995 to Present
Captain of EMS

Reid Health - 2006 to 2015
Office Supervisor, Emergency Services

Reid Health - 2003 to 2006
Purchasing Agent, Material Services

Skills

- Team oriented
- Strong leadership skills
- Task driven
- Competent in Word, Excel, PowerPoint, API, ImageTrend and other various software applications
- Clear communication

Jessica Hinshaw

Objectives

A Position utilizing my skills and education in medical office administration with a medical organization.

Education

Ivy Tech, Richmond In

2013 Medical Office Administration

- ICD-9 Medical Billing and Coding
- Medical Transcription
- Medical Office Assistant
- Document formatting

Experience

Reid Health | 1100 Reid Parkway Richmond, IN 47374

Emergency Room Clerk *September 2009 – Current*

Providing help to our physicians and staff daily. Processing orders, answering phone calls, and keeping track of all patients that enter and leave the emergency room. Charging the patients for a facility charge. This includes reading all charts, documentation, and reading all doctors dictations. Determination on the amount of care given to patient by our nursing staff to charge an accurate level for billing. Training new employees with the understanding and its importance.

Skills

- Understanding in medical terminology
- Understanding in office budgeting
- Hard worker
- Good communication and interpersonal skills
- Able to work with a team
- Able to work under pressure
- Keyboarding accuracy

REID HOSPITAL & HEALTH CARE SERVICES POSITION DESCRIPTION

Page 7

TITLE:	Trauma Services Registrar
POSITION SUMMARY:	The Trauma Registrar is responsible for the collection, entry, maintenance, and reporting of data for the trauma program as required by appropriate regulatory agencies. Utilizing analytical, cognitive, and leadership skills, the registrar shall utilize the collected trauma data for injury research, epidemiology, prevention initiatives and performance improvement. The data shall be obtained from Emergency Department records, pre-hospital records, electronic medical records, and patient interview. The registrar will code and enter data into the computerized trauma registry, maintaining confidentiality at all times. It is important to acknowledge that high-quality data begins with high-quality data entry, and it is the trauma registrar who is responsible to perform this task.
REPORTS TO:	Trauma Program Manager
INTER – RELATIONSHIPS:	Due to the nature of this position, will relate formally and informally with Directors, Service Line Directors, Administrative Coordinators, other Unit Managers, General Counsel, Medical Staff, Schools of Nursing, Administrator on Call, Community and other Agencies.

MISSION STATEMENT/PHILOSOPHY

Works with others to enhance wholeness (in body, mind, and spirit) for all those we serve. Committed to compassion, service, excellence and value which is expressed daily through C.A.R.E. principles (Courtesy, Attitude, Respect, and Enthusiasm).

QUALIFICATIONS / COMPETENCY

Successful completion of Reid Hospital orientation and competency based skills appropriate for the area assigned. Individual performance and competency based skills are maintained through ongoing assessment of competence and educational activities.

- A calm, pleasant, professional demeanor is expected.
- Must have the ability to work cooperatively with all staff, physicians and departments.
- Must be committed to Patient Satisfaction and Patient Safety.

D. **PROFESSIONAL:**

- Membership and active participation in appropriate external professional organizations and community activities.

BEHAVIORAL EXPECTATIONS

1. Demonstrates ability to connect on a human level, at a minimum making eye contact with and greeting patients, families, visitors and staff.
2. Shows courteous interactions, including correct voice inflection and positive body language.
3. Demonstrates empathy by acknowledging and validating patients' situation or experience. ("It must be hard to..." "It must be difficult to...")
4. Appropriately uses therapeutic touch to calm and comfort.
5. Demonstrates a cheerful demeanor by smiling or other non-verbal communication, not complaining and displaying a positive attitude.
6. Willing to work hard; offers to help others when own work completed. Sensitive to needs and workload of entire unit/department.
7. Shows willingness to take ownership; uses "I" or "we" rather than "they" or "them". Blame is not directed at others.
8. Demonstrates compassion by ability to "walk in someone's shoes" – get to their level, to understand where they are and what they're feeling, and help them get to where they want to be.
9. Supports team by recognizing and celebrating successes and failures, giving credit publicly, actively participating in team activities, treating team members with respect and dignity.
10. Always considers safety first when making decisions.
11. Shows ability to use imagination, because if you can't "imagine", you can't "connect", and if you can't "connect", you can't display compassion.
12. Promotes and supports Reid's services, Regional Market Strategies to achieve "Lean" deployment strategies

AGE OF POPULATION SERVED

Refer to unit / department / service area based competencies and scope of work.

PHYSICAL DEMANDS

1. Standing: greater than 50% of the time.
2. Walking: greater than 50% of the time.
3. Lifting: greater than 50% of the time.
4. Bending: greater than 50% of the time.
5. Pushing / Pulling: greater than 50% of the time.
6. Hearing: acceptable to perform duties of the position.
7. Vision: acceptable to perform duties of the position.
8. Dexterity: fine and gross motor coordination.

A. EDUCATION AND EXPERIENCE:

- Nursing, pre-hospital and/or coding background required.
- Certification in appropriate field encouraged.
- Must demonstrate leadership qualities.
- Must demonstrate interest in professional, community and national current events and self-development.
- Certification as an EMT-Basic; EMT-Advanced or EMT-Paramedic required if background is pre-hospital.

B. CONTINUING EDUCATION:

- The Trauma Services Registrar is expected to maintain and increase own knowledge through both formal and informal education resulting in a positive influence on the promotion of a learning environment for staff, patients and family related to trauma.
- Demonstrates knowledge of and stimulates use of current research/health care trends.
- Successful completion of state trauma registry training.
- Successful completion of American Trauma Society's Trauma Registrar Course or Association of the Advancement of Automotive Medicine's Injury Scaling Course within 12 months of hire.

C. JOB KNOWLEDGE AND SKILLS:

- Must have comprehensive knowledge of the nursing process and nursing practice and their application, including principles of safety and infection control (trends, practice and application).
- Assures standards of Indiana State Department of Health, Indiana Department of Homeland Security, HFAP, American College of Surgeons and other regulatory agencies are met.
- Must possess critical thinking skills.
- Possesses awareness of health care delivery systems and level of educational preparation of health care providers.
- Collects and enters data into the trauma registry regarding trauma patients for the trauma program in a timely manner.
- Assigns and scores all injuries utilizing the AIS and ICD-9/10 scoring system.
- Completes and verifies for accuracy all data collected.
- Evaluates the documentation of hospital staff/providers and identifies missing data elements. Coordinates with Trauma Program Manager to correct and obtain the information on the hospital record. Reconciles the data as the information becomes available.
- Ensures compliance with the National Trauma Data Bank (NTDB) and the Indiana State Department of Health required standards.
- Participates as an integral member of the trauma quality improvement team.
- Compiles and analyzes administrative reports for regulatory agencies, hospital departments and/or committees as directed by the Trauma Medical Director or Trauma Program Manager.
- Works with the Trauma Program Manager collaborating as an advisor for development of the hospital multidisciplinary team.

WORKING CONDITIONS

1. Normal patient care environment which requires continuous concentration and attention to detail.
2. Must be able to work in a fast-paced, ever-changing environment.
3. Potential exposure to communicable diseases and moderately adverse working conditions due to performance of certain patient care activities, fluctuations in patient acuity and staff availability.
4. Possibility of radiation exposure, care is taken to protect self.

PATIENT SATISFACTION RESPONSIBILITIES

1. Promotes an environment that inspires compassion in staff.
2. Exhibits and promotes passion for excellence in patient care and patient satisfaction.
3. Supports the "team" concept as a mechanism for promoting patient care and patient satisfaction.
4. Dedicated to an environment of well-informed patients / family.
5. Recognizes and communicates the importance of providing a positive patient experience.

PROFESSIONAL BEHAVIORS

1. Embraces organization philosophy and mission.
2. Demonstrates knowledge and behaviors consistent with Reid's Corporate Compliance Policy.
3. Understands the significance of, and participates in appropriate volunteer opportunities within the greater community promoting and supporting a higher quality of life for our region. These opportunities may include the enhancement of social, educational, spiritual, physical, or psychological needs within our service area.

VOICE BEHAVIORAL EXPECTATIONS

1. Routinely demonstrate a strong commitment to Reid's behavioral standards as identified in the Pledge to CARE, by serving as a role model to staff and peers.
2. Take ownership and hold others accountable. Actively promote Reid's behavioral standards to others. Praise good performance and consistently address those who fail to meet Reid's behavioral standards regardless of whether the employee reports to your area.
3. Ensure that all new staff members complete VOICE training as required per hospital guidelines.
4. On a quarterly basis, conduct a review of a VOICE module or one of the supplemental clinics with staff. Routinely engage staff in conversations regarding their actions to sustain the culture of "always". Identify and implement ideas to keep training active.
5. Identify and implement recommendations on how service can be improved.

The above statements reflect the general duties considered necessary to describe the principal functions of the job as identified, and shall not be considered as a detailed description of all work requirements that may be inherent in the position.

Created by: Ryan Williams, RN, BSN, CEN, CFRN, Paramedic
Manager – EMS and Trauma Services

Approved by: _____
Kay Cartwright, MSN, RN
VP / Chief Nursing Officer

Certificate of Completion

Presented to

Donna Sheppard

Continuing Education Units (1 hour)

Trauma Tour Registry Refresher Training

August 13, 2015



Indiana State
Department of Health

Jerome Adams
Jerome M. Adams, MD, MPH
State Health Commissioner

Reid Hospital and Health Care Services Trauma Team Activation Criteria

Full Trauma Team Criteria "Category I"		Limited Trauma Criteria "Category II"	
<p>Severe mechanism of injury with potentially life-threatening injuries needing immediate, rapid evaluation. No obvious need for emergent surgery or immediate evaluation and intervention by a trauma surgeon. Response time by surgeon within 180 minutes. Trauma Alert - Cat 1 - will be sent over Vocera.</p>		<p>Severe mechanism of injury with potentially life-threatening injuries needing immediate, rapid evaluation. No obvious need for emergent surgery or immediate evaluation and intervention by a trauma surgeon. Response time by surgeon within 180 minutes. Trauma Alert - Cat 2 - will be sent over Vocera.</p>	
PHYSIOLOGIC		MECHANISM OF INJURY	
Airway	Unsecured Airway Intubated or Airway compromise	<ul style="list-style-type: none"> Falls Greater than 20 feet 	
Breathing	Respiratory Compromise	<ul style="list-style-type: none"> High risk motor vehicle crash with ejection from vehicle or death in same passenger compartment 	
Circulation	Systolic BP <90mm/Hg or Less than 70 + age X 2 if age <10 years	<ul style="list-style-type: none"> Roll over 	
Deficit (Neuro)	Glasgow Coma Scale <8 or Equal to 8	<ul style="list-style-type: none"> Auto vs Pedestrian/Bicycle with significant impact 	
Pulse	Greater than 130bpm or less than 50 bpm or equivalent Tachycardia/Bradycardia in Child or infant	<ul style="list-style-type: none"> Pregnancy greater than 20 weeks with significant trauma 	
Other	Deterioration of previously stable patient	<ul style="list-style-type: none"> Open fractures (excluding hands and feet) with multi-trauma Motorcycle crash greater than 20 miles per hour Combination Trauma with burns less than 20% excluding face, hands and genital area 	
ANATOMY OF INJURY		Cat II ACTIVATION WILL BE DETERMINED BY THE EMERGENCY DEPARTMENT M.D.	
<ul style="list-style-type: none"> Chest Wall instability or deformity Pelvic fractures 2 or more long bone fractures Severe Maxillofacial injuries with compromised airway Evidence of spine injury with focal neurologic deficit or paralysis Respiratory compromise / obstruction Inhalation injury Penetrating injury to head, neck, torso and 			

extremities proximal to the elbow/wrist

- Crushed, dislocated or mangled extremity proximal to wrist or ankle
- Open and/or depressed skull fracture
- Traumatic amputation
- Burn Injuries:
 - 50% total body surface area
 - Second degree or higher burn
 - Inhalation injury with respiratory distress
 - High voltage electrical burn with cardiac arrhythmias or significant tissue damage
- Any pediatric crash injury or child in motor vehicle or trailer

LEVEL III TRAUMA ACTIVATION WILL BE DECLARED AT THE DISCRETION OF THE EMERGENCY DEPARTMENT IN THE EVENT OF:

- Any of the above criteria which will be the primary reason for transport
- Any of the above criteria which will be the secondary reason for transport

Emergency Department Response "Category III"

No immediate response by trauma surgeon, available for consult by ED physician as needed. "Trauma Alert - Cat III" will be sent over Vocera

MECHANISM OF INJURY

- Includes all trauma cases not specified in Cat I or Cat II
- Level III trauma activations will be documented on the trauma flow sheet

White - ACS CD6.7 Mandatory Criteria

Approved by:

Russell Pruitt

Russell Pruitt, MD

Trauma Medical Director

Trauma Services

R. Williams 10/19/2015

Ryan Williams, RN

Trauma Program Manager

Trauma Services

American College of Surgeons

Division of Education

CONTINUING MEDICAL EDUCATION CERTIFICATE

Russell Pruitt, MD

Has participated in the educational activity titled:

*Rural Trauma Team Development Course
August 28th 2015
Reid Hospital, Richmond Indiana*

The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Surgeons designates this live activity for a maximum of 8.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Of the AMA PRA Category 1 Credits™ listed above, a maximum of 0 credits meet the requirements for Self-Assessment.



AMERICAN COLLEGE OF SURGEONS

Inspiring Quality:

Highest Standards, Better Outcomes

Ajit Sachdeva

Ajit K. Sachdeva, MD, FRCSC, FACS
Director, Division of Education

Total AMA PRA Category 1 Credits™ claimed: 8.25

Of the AMA PRA Category 1 Credits™ claimed above, the Self-Assessment credits earned were: 0

American College of Surgeons

Division of Education

Non-Physician Certificate of Attendance

Certifies that

Williams Ryan

Has participated in the live activity

RTTDC 3rd Edition

August 28th 2015

Reid Hospital, Richmond Indiana

The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

This activity was designated for 8.25 AMA PRA Category 1 Credit(s)™.

Nursing: For the purposes of recertification, the American Nurses Credentialing Center accepts AMA PRA Category 1 Credit™ issued by organizations accredited by the ACCME.

This is a certificate of attendance for non-physicians and does not confer any AMA PRA Category 1 Credits™.



Ajit Sachdeva

Ajit K. Sachdeva, MD, FRCSC, FACS
Director, Division of Education

American College of Surgeons

Division of Education

CONTINUING MEDICAL EDUCATION CERTIFICATE

Jamie Brummett, MD

Has participated in the educational activity titled:

*Rural Trauma Team Development Course
August 28th 2015
Reid Hospital, Richmond Indiana*

The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Surgeons designates this live activity for a maximum of 8.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Of the AMA PRA Category 1 Credits™ listed above, a maximum of 0 credits meet the requirements for Self-Assessment.



AMERICAN COLLEGE OF SURGEONS

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Ajit Sachdeva

Ajit K. Sachdeva, MD, FRCSC, FACS
Director, Division of Education

Total AMA PRA Category 1 Credits™ claimed: 8.25

Of the AMA PRA Category 1 Credits™ claimed above, the Self-Assessment credits earned were: 0



Reid Hospital & Health Care Services

Commitment of Acute Care Surgeons

Reid Health's acute care general surgeons are committed to providing quality care for the injured patient by ensuring an acute care general surgeon is on call and promptly available twenty-four (24) hours a day. The surgeons listed below are those that participate in the acute care/trauma call rotation:

Steven Branch, M.D.
Donald Prentiss, M.D.
Giovanni Salerno, M.D.
Joseph Zitarelli, M.D.

The above acute care general surgeons provide outstanding surgical care to the trauma patients at Reid Health. Their participation in the trauma program is authorized by the Trauma Medical Director and their commitment is shown in the attached contract from Delphi/TeamHealth by whom they are employed.

Russell Pruitt, M.D.
Trauma Medical Director
Reid Health Trauma Services

TEAMHealth

Enclosed, please find the Agreement for General Surgery Hospitalist Services and also the Business Associate Addendum

Thank you,

Kristi Franklin
Administrative Coordinator

AGREEMENT FOR GENERAL SURGERY HOSPITALIST SERVICES

THIS AGREEMENT FOR GENERAL SURGERY ON CALL HOSPITALIST SERVICES ("Agreement"), made this 22nd day of April, 2014 ("Effective Date"), is by and between DHP of Richmond, P.C., an Indiana professional corporation, ("Group"), Reid Physician Associates, Inc., a physician group ("RPA") and Reid Hospital and Health Care Services, Inc. ("Hospital").

RECITALS

- A. Hospital is the owner and operator of an acute care general hospital located in Richmond, Indiana, which is equipped to provide General Surgery medical services and which requires the professional medical services of physicians.
- B. Reid Physician Associates, Inc. ("RPA") is a physician group and wholly owned subsidiary of Hospital.
- C. Hospital and RPA recognize that the efficient functioning of the Hospital requires the supervision and direction of a single group of physicians who have the training, experience, and qualifications necessary to operate a General Surgery Hospitalist program as described in Attachment A (the "Program") to provide professional medical services to patients of Hospital and medical direction for the Program.
- D. Group contracts with physicians each of whom is duly licensed and qualified to practice medicine in the State of Indiana (the "State") to provide medical services at hospitals and other health care facilities and agrees to provide independent contractor physicians as the exclusive providers to provide the Program in Hospital's premises in accordance with the terms and conditions set forth in this Agreement.
- E. Hospital and RPA operate as a community service for members of the community and other persons who may require medical and/or hospital services and have determined that the proper, orderly, and efficient delivery of quality medical services to Hospital's and RPA's patients ("Patients") can best be accomplished by entering into an exclusive coverage agreement with Group.
- F. Hospital and RPA desires to engage Group to provide or arrange for the provision of the Services (as defined below) by certain physicians designated by the Group from time to time (each, a "Physician" and, collectively, the "Physicians"), to provide the Hospitalist Services.
- G. The parties desire to provide a full, complete and comprehensive statement of their agreement in connection with the operation of the Program in Hospital's facility during the term of this Agreement.

NOW, THEREFORE, in consideration of the mutual promises of the parties hereto, and of the mutual covenants and conditions hereinafter set forth, the parties agree as follows:

1. Term and Termination.

- a. *Term of Agreement.* The initial term of this Agreement shall be for three (3) years, beginning as of July 28, 2014, or such other date as the parties may mutually agree upon in writing on which Group has adequate numbers of Physicians to perform all of the Services provided for herein (the "Service Commencement Date"), unless terminated earlier as provided herein. Upon expiration of the initial term and any subsequent renewal term, this Agreement shall automatically renew for additional one (1) year periods each unless this Agreement is otherwise terminated as provided herein.
- b. *Termination With Cause.* If either party shall default in the performance of any of its obligations hereunder (other than the payment of money as discussed further below), and such default continues and is not

corrected within thirty (30) days after receipt of written notice of such default from the non-defaulting party, then in such event the non-defaulting party may, at its option, terminate this Agreement by delivery of written notice setting forth the date such termination shall be effective.

c. *Termination Due To Monetary Default.* Failure to pay any monies due under this Agreement within thirty (30) days of the due date thereof shall be a material breach of this Agreement and, in the event such breach is not cured, in full, within five (5) business days after notice thereof, this Agreement may be terminated by the non-breaching party at any time thereafter upon twenty-four (24) hours' prior written notice.

d. *Termination Without Cause.* After expiration of the first twelve (12) months of this Agreement, either party may terminate this Agreement at any time without cause upon ninety (90) days' prior written notice to the other party stating the intended date of termination.

e. *Intentionally Deleted.*

f. *Non-Interference Following Termination.* Following the expiration of this Agreement or its lawful termination for any reason, Group and each Physician providing Services (as hereinafter defined) hereunder agree not to interfere with any efforts by Hospital or RPA to contract with any other individual or entity for the provision of Services provided; however, that Hospital and/or RPA's actions do not violate Section 13 of this Agreement.

g. *Concurrent Privilege Termination.* The Medical Staff Membership and clinical privileges granted to the Physicians for the purpose of rendering Services at Hospital are contingent on the continued existence and effectiveness of this Agreement and such Physicians' continued contract, employment or other relationship with or membership in Group. If this Agreement expires or is terminated for any reason, or if any Physician's contract, employment or other relationship with or membership in Group is terminated for any reason, then each Physician's medical staff appointment and clinical privileges at Hospital shall automatically terminate unless this provision is waived in writing by the Hospital. Group agrees to require each Physician to expressly waive any right to any challenge or review of any such changes in status as may be granted pursuant to the bylaws or rules and regulations of Hospital or the Medical Staff or otherwise, unless such change is a reportable incident to the National Practitioner Data Bank or State Licensure Board and to execute a letter in the form attached as Attachment E.

h. *Special Termination.* If (1) any legislation, regulations, rules or procedures are duly passed, adopted or implemented by any federal, state or local government or legislative body or any private agencies, (2) Group, RPA or Hospital shall receive notice of an actual or threatened decision, finding or action by any governmental or private agency, court or third parties, or (3) legal counsel for either party advises that this Agreement or any practices which could be or are employed in exercising rights under this Agreement may give rise to an action (collectively referred to herein as "Action") which Action would result in this Agreement having the effect of: (1) revoking or jeopardizing the health facility license granted to Hospital; (2) revoking or jeopardizing the tax-exempt status of Hospital or RPA, its properties or any of its tax-exempt obligations, or imposing any unrelated business income tax on Hospital; or (3) subjecting Hospital, RPA or Group or any of their employees or agents to civil or criminal prosecution, or other adverse proceedings on the basis of their participation herein, Group, Hospital and RPA shall attempt to amend this Agreement or alter the operation of the Program so as to avoid the Action. If the parties hereto, acting in good faith, are unable to make amendments or alterations to meet the requirements of the agency, court or third party in question, or if the parties determine in good faith that the compliance with such requirements is impossible or unfeasible, this Agreement shall be terminated. It is the intent of the parties that no party shall terminate this Agreement in reliance on this subparagraph (h) unless the decision to terminate is based on reasonable concern. At the request of any party, the party requesting termination under this subparagraph (h) shall obtain written advice from legal counsel that substantiates the basis for the termination before exercising its rights under this subparagraph.

2. Services to be Rendered by Group. Group hereby agrees to provide to RPA the specified recruiting, management, and other services as are set forth in this Agreement. All services provided by Group, including its Physicians under this Agreement shall be referred to collectively as the "Services."

a. *Recruiting.* Group agrees to solicit and recruit 2.25 FTE qualified physicians licensed in the State where Hospital is located ("Physicians") to provide medical, clinical and other patient care services to patients in accordance with the terms of this Agreement. Group shall use its best efforts to develop a core of physicians to provide services under this agreement and will not routinely use locum tenens physicians. Each Physician made available by Group for Hospital shall apply and qualify for Medical Staff privileges in Hospital in accordance with the Bylaws and rules and regulations of Hospital and the Medical Staff. Prior to referring any Physician candidate to apply for privileges at Hospital, Group shall ensure that the candidate has the qualifications for the position as described below, conduct initial candidate reference checks, provide the candidate's qualifications in writing (i.e. resume or CV), and provide a summary of why the candidate is a good fit for the position.

b. *Physician Qualifications.* Each Physician provided by Group shall maintain board certification in General Surgery with trauma experience or be prepared for board certification by virtue of having successfully completed all educational and residency requirements required to sit for the board examinations. In the event Physician is not Board certified, Physician shall gain certification within three (3) years of the date Physician provides services to Hospital under the terms of this Agreement. Physician shall demonstrate expertise, skills and experience in providing patient care services to General Surgery patients in a Level III Trauma Facility. Group represents and warrants to RPA that (a) Physicians' licenses to practice medicine in any state have never been suspended, revoked or restricted; (b) Physicians have never been reprimanded, sanctioned or disciplined by any licensing board or state or local medical society or specialty board; (c) Physicians have never been excluded from participation in or sanctioned by any state or federal health care program, including, but not limited to Medicare or Medicaid; and (d) Physicians have never been denied membership or reappointment of membership on the medical staff of any hospital, and (e) hospital medical staff membership or clinical privileges of Physicians have never been suspended, curtailed or revoked for a medical disciplinary cause or reason. Group shall promptly notify RPA in writing if a Physician is subject to any loss, sanction, suspension or limitation of his/her license, federal Drug Enforcement Agency number, right to participate in the Medicare or Medicaid programs, malpractice insurance or Medical Staff membership or clinical privileges at Hospital or any other hospital or managed care organization.

c. *Approval by Hospital.* All Physicians recruited by Group pursuant to this Agreement must be approved and accepted by Hospital. Group shall submit the names of Physicians it has recruited to provide Services at Hospital to Hospital and shall assist the Physicians in their application for Medical Staff privileges at Hospital. In accordance with applicable Hospital and Medical Staff bylaws, rules and regulations, and policies and procedures, Hospital shall thereafter review the credentials and other information supplied by Group, review the application and information supplied in connection with the application of the Physician for Medical Staff privileges at Hospital and will thereafter notify Group whether the Physician is acceptable to Hospital. Until Hospital notifies Group that a Physician proposed by Group is acceptable to Hospital, and such Physician is granted Medical Staff privileges at Hospital, such Physician shall not provide Services at Hospital. Hospital recognizes that Group may from time to time request approval for some temporary Physicians and Hospital agrees to establish procedures for granting temporary privileges to Physicians who are specifically approved by Hospital.

d. *Scheduling.* Group agrees to coordinate and provide scheduling services to ensure that Physicians are physically present at or on Hospital premises and immediately available to work. Group shall provide to RPA sufficient Physician coverage on duty at Hospital and / or with on-call availability to provide medical services twenty four hours a day, seven days a week, fifty two weeks per year as mutually agreed upon by Group and RPA. Group shall maintain administrative records pertaining to the scheduling of all Physicians. Hospital and RPA shall have access to such records at any reasonable and mutually agreeable time. Group shall provide RPA

on a monthly basis with the on-call schedule identifying the individual on call Physician(s) and shall, on a monthly basis on or before the fifth day of each calendar month during the entire term of this Agreement, commencing with the second calendar month, submit a signed written statement to RPA in a form reasonably acceptable to RPA detailing the coverage services provided during the immediately preceding calendar month.

e. *Services.* The Services provided by Group's Physicians shall include all General Surgery Hospitalist services at Hospital and supervision of the Program in accordance with the terms of this agreement. Physicians shall provide services and coverage to unassigned general surgery patients and patients requiring Level III Trauma surgical services, with availability to provide inpatient and ambulatory consults as required.

f. *Medical Director.* Group will enter into an Administrative Medical Director Agreement with one of the Physicians, with the approval of Hospital, pursuant to which Group will provide a Physician to serve as Administrative Medical Director (the "Director") of the Program at Hospital. The Director shall satisfy the qualifications set forth in Attachment B, attached hereto and incorporated herein. The Director shall perform the services set forth in Attachment B in addition to the applicable Services.

g. *Program Coordinator.* Group shall recruit and engage, subject to Hospital's acceptance, which shall not be unreasonably withhold, one (1) FTE Program Coordinator for the Program. The Program Coordinator shall perform the services set forth in Attachment C (the "Coordinator Services"), attached hereto and incorporated herein.

h. *Mid Level Provider.* Hospital shall provide an Advanced Practice Nurse as part of the Hospital's Care Advance Team (CAT) to assist with Program operations, including but not limited to: ; post-surgical rounding; and emergency patient evaluation. Group will require each Physician to execute a Collaborative or Supervisory Agreement for the Advanced Practice Nurse(s) or Physician Assistant(s) working with Physician as part of Hospital's CAT with Physician collaboration or supervision provided only during the time the Advanced Practice Nurse(s) or Physician Assistant(s) are assisting with Program operations. Hospital agrees to recruit (1) FTE experienced Advance Practice Nurses or Physician Assistant should the program volumes grow to the level requiring additional resources.

i. *Review of Activities.* Group and RPA agree to meet as necessary to review and discuss the course of performance under this Agreement, and, where indicated, to implement proposals to insure that the covenants of this Agreement are mutually respected and executed. The parties shall use best efforts to cooperate with each other in assisting each other's performance under this Agreement.

j. *Professional Conduct of Physicians.* Group will ensure that each Physician shall act in a professional manner and shall discharge duties in a responsible manner at all times during the term of this Agreement. Each Physician shall not engage in any activity or conduct that may adversely affect the reputation or standing of RPA or Hospital or that may disrupt the provision of medical care, provided that nothing herein shall be construed to prevent Physician from engaging in political or other similar activities. Physician shall work cooperatively with other employees, RPA administrators, and Hospital Medical Staff members. The professional conduct of the Physicians at Hospital shall be governed by the Bylaws, rules and regulations, and policies and procedures of Hospital and of the Medical Staff, and by the rules applicable to Hospital's employees including its C.A.R.E. principles. Provided, however, that notwithstanding anything to the contrary in such Bylaws, rules and regulations, and policies and procedures, Physicians will be removed from the schedule of Physicians providing Services in Hospital in the event that RPA gives written notice that it deems the actions or inactions of any Physician to be possibly detrimental to the health or safety of Hospital's patients or to Hospital's reputation or standing in the community. Physicians shall not be the subject of more than one Medical Staff disciplinary action in any twelve month period. In the event that RPA gives written notice that it deems the performance or behavior of any Physician to be unsatisfactory for any reason other than as described in the preceding sentence, then RPA shall give written notice to Group setting forth its reason for dissatisfaction. If RPA and Group cannot mutually

agree upon the resolution of this matter within ten (10) days after receipt of such notice by Group, then within thirty (30) days thereafter, Group shall replace such Physician at Hospital with a Physician otherwise satisfying the requirements for Physicians to be supplied under this Agreement.

k. Applicable Standards. Physician shall perform all services and duties hereunder in compliance with all relevant federal and state laws, regulations, standards and recommendation of any applicable accrediting body, and standards governing the practice of medicine, as well as in conformance with Hospital's Medical Staff Bylaws and Rules and Regulations, RPA and Hospital's Corporate Compliance Program, and all requirements of RPA and Hospital policies and procedures.

l. Compensation to Physicians. The parties recognize that Physicians providing Services hereunder shall be independent contractors of Group. Group shall enter into a written agreement with each Physician that shall provide for Group to remit to Physician compensation for the services to be provided by Physician under this Agreement.

m. Scope of Group's Services. Group and the Physicians shall use the personnel, space, equipment and supplies provided by Hospital or RPA solely for the provision of the Services for General Surgery Hospitalist Program inpatients and outpatients of Hospital and its Medical Staff members. All rights, title and interest in and to any such equipment, space and supplies shall remain solely that of Hospital or RPA. Hospital and RPA each acknowledges that under no condition shall Group be deemed or required to do any act or services that would constitute the practice of medicine other than those services provided through its Physicians.

n. Cooperation with Hospital Policies and Patient Care Initiatives. Group and the Physicians providing services under this Agreement shall make best efforts to utilize Hospital mandated implants, supplies, and cooperate with any group purchasing preferred vendor arrangements and protocols the Hospital may have in place during the term of this Agreement. Group and the Physicians providing services under this Agreement agree to participate in and make best efforts to comply with Hospital's patient care initiatives.

3. Additional Responsibilities, Representations and Warranties of Group.

a. Corporate Existence. Group represents that it is properly organized, validly existing, and in good standing under the laws of the State, is authorized to transact business and has the power and authority to carry on the Services under this Agreement.

b. Patient Care. All parties shall cooperate to provide the Services in accordance with appropriate accepted standards and services offered by Hospital as required by the Healthcare Facilities Accreditation Program, subject to the requirements of applicable law. Group shall conduct its activities in providing Administrative and Professional Services hereunder consistent with relevant law and regulation, the Medical Staff Bylaws, the Medical Staff Rules and Regulations, Hospital policy and procedures, Emergency Medical Treatment and Active Labor Act ("EMTALA").

c. Cooperation; Administrative Services. Group shall work together with, and shall cause the Physicians to work together with, Hospital's clinical departments to facilitate patient care management including nursing service in conjunction with the Program. The Physicians shall also work with Hospital's discharge planning personnel regarding patients' post-hospital care. The Chief of the Medical Staff or his/her designee in conjunction with Hospital administration and Hospital's governing body shall have ultimate authority on all patient care issues. Group shall perform, and shall use its best efforts to cause its Physicians to perform, administrative services, including but not limited to, the formation and clarification of policies and procedures for the Program from time to time at the request of Hospital.

d. Quality Assurance. Group shall require that the number of Physicians necessary, appropriate or desirable

as reasonably requested by Hospital, or RPA or the Medical Staff, will participate in Hospital Medical Staff or RPA programs including, without limitation, quality assurance, medical audit, risk management, utilization review, safety, infection control and LEAN.

e. *Claims and Investigations.* Group shall cooperate, and shall cause each Physician to cooperate, with Hospital's and RPA's risk managers, insurance carriers and/or their designees regarding any claims, investigations, lawsuits or peer review inquiry or action involving the Services provided hereunder and shall immediately notify Hospital's Risk Manager upon receipt of notification of any such claim, investigation, lawsuit or peer review inquiry or action.

f. *Completion of documents, Medical Records, Time Records.*

- (1) Group shall require each Physician to use electronic health record ("EHR") system for Hospital and RPA and to timely complete and sign all required medical records on each patient treated as necessary for compliant billing, collection, and management purposes and in compliance with applicable payor and accreditation requirements and in compliance with the applicable bylaws, policies, procedure and rules of RPA and the Medical Staff of Hospital. Such medical records will become a part of the permanent record of Hospital, and all such medical records and any business records of Hospital pertaining to this Agreement shall be and remain the property of Hospital.
- (2) During and after the term of this Agreement, Group, the Physicians or their agents or representatives shall be permitted to inspect and/or duplicate patient medical records for all appropriate purposes, including, but not limited to, preparing bills for services rendered, defending any claims arising out of the provision of services, and for providing information to other medical care providers, all of which shall be conducted in accordance with applicable laws and the policies of Hospital concerning confidentiality of patient records.

g. *Committee Meetings.* Hospital may request that Physicians be assigned to appropriate Medical Staff Committees and as required by Hospital Medical Staff Bylaws and rules and regulations, the Physicians shall be available to attend General Surgery Medical Staff meetings.

h. *Professional Development.* Physicians shall be expected to attend professional meetings related to General Surgery Hospitalists and educational programs to continue their medical education. Group will ensure that each Physician providing services under this Agreement, participates in and attends Hospital and RPA's standard orientation for physicians and any other mandatory training programs. RPA will reimburse Group \$100 per hour for each hour the Physician participates in standard orientation or other mandatory training programs beyond the Physician's scheduled shift.

4. Exclusive Contract.

a. *Exclusivity.* Group and RPA have determined that the Services described herein can be best served by a continuing relationship with exclusive medical providers and such an exclusive arrangement will be advantageous to Hospital and its patients by:

- (1) providing central control over scheduling of the use of Hospital facilities, thus enhancing efficient patient care and use of Hospital facilities;
- (2) providing better coordination of Hospital facilities and services with other physicians and other Hospital services, thereby minimizing disruption and providing for the efficient delivery of patient care;

- (3) providing General Surgery Hospitalist coverage at Hospital, a Level III Trauma Center;
- (4) providing for greater patient and physician convenience; and
- (5) improving Hospital administration of billing and collection of Hospital charges and the maintenance of cost controls and statistical reports.

Accordingly, Hospital agrees that during the term of this Agreement and for so long as the Group is not in default in the fulfillment of any obligations or duties hereunder, all Program Services rendered at Hospital shall be provided only by or through Group under this Agreement, and except as provided herein, Hospital shall not contract with any other person or entity for the rendering of any of such services or permit any other person or entity to render any such Program Services at Hospital. Notwithstanding this section, Group recognizes that there are other general surgeons on staff at the Hospital and that patients have the right to select a general surgeon who is not associated with the Group and that such a selection is not a breach of this Agreement.

b. *Other Circumstances.* Notwithstanding the foregoing paragraph, Hospital may extend Medical Staff membership and clinical privileges to other personnel to perform the Program Services (i) in an emergency situation where coverage by Group is insufficient; or (ii) in a case for which RPA, after consultation with Group, determines that the personnel provided by Group are not qualified or are unable to render the Program Services required.

5. **Confidentiality of Information.** Group, Hospital and RPA shall maintain the confidentiality of data and information in accordance with this Section.

a. *Definition of "Trade Secrets."* As used in this Agreement, the term "Trade Secrets" of a party shall mean information of such party, without regard to form, including, but not limited to, procedures, information relating to a party's business plans, litigation, marketing techniques, financial statements and projections, patient lists, distributor lists, price lists, training manuals, contracts, agreements, specialized computer software, billing information, personnel information and other information concerning the financial affairs, future plans and management of a party, which is not commonly known by or available to the public and which information: (1) derives economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and (2) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.

b. *Definition of "Confidential Information."* As used in this Agreement, the term "Confidential Information" of a party shall mean all information regarding such party, its activities, its business or its patients or employees that is not generally known to persons not employed by such party but that does not rise to the level of a Trade Secret and that is not generally disclosed by such party to persons not employed by such party. This definition shall not limit any definition of "confidential information" or any equivalent term under state or federal law.

c. *Hospital and RPA Trade Secrets and Confidential Information.* Group, its employees, its Physicians and its agents shall hold in strict confidence and in a fiduciary capacity for the benefit of Hospital and RPA all Trade Secrets and Confidential Information of Hospital or RPA obtained with respect to Hospital or RPA and Hospital's or RPA's activities or businesses, and, during the term of this Agreement and for a period of two (2) years thereafter, shall not use such Confidential Information or disclose the same to others except such Confidential Information as is published, is a matter of public record, is required to be disclosed to governmental or health care agencies, or is otherwise expressly authorized in writing by Hospital or RPA to be disclosed. Group agrees that it will not, directly or indirectly, use or disclose, and shall cause its employees, agents, and Physicians not to use or disclose, to any individual, corporation, partnership, or other entity any Trade Secret of Hospital or RPA at any time, as long as such information continues to be a Trade Secret of Hospital or RPA except as necessary for the

performance of the Services under this Agreement, or except as authorized in writing in advance by Hospital or RPA. Nothing in this Agreement is intended or should be interpreted to limit Hospital's or RPA's rights under common law or statutory law pertaining to trade secrets.

d. *Group Trade Secrets and Confidential Information.* Hospital and RPA, their employees, contractors and agents shall hold in strict confidence and in a fiduciary capacity for the benefit of Group all Trade Secrets and Confidential Information of Group obtained with respect to Group's activities or businesses, and, during the term of this Agreement and for a period of two (2) years thereafter, shall not use such Confidential Information or disclose the same to others except such Confidential Information as is published, is a matter of public record, is required to be disclosed to governmental or health care agencies, or is otherwise expressly authorized in writing by Group to be disclosed. Hospital and RPA agree that they will not directly or indirectly, use or disclose to any individual, corporation, partnership, or other entity any Trade Secret of Group at any time, as long as such information continues to be a Trade Secret of Group, except as necessary for the performance of its obligations under this Agreement, or except as authorized in advance by Group. Nothing in this Agreement is intended or should be interpreted to limit Group's rights under common law or statutory law pertaining to trade secrets.

e. *Disclosure by Group or Physicians.* In the event that Group or any Physician, or anyone to whom Group or any Physician transmits the Confidential Information or Trade Secrets of Hospital or RPA, becomes legally compelled to disclose any of such Confidential Information or Trade Secrets, and Group or any Physician learns of same, Group agrees to provide Hospital or RPA with prompt notice before such Confidential Information or Trade Secret(s) is disclosed so that Hospital or RPA may seek a protective order or other appropriate remedy and/or waive compliance with the provisions of this Section.

f. *Disclosure by Hospital or RPA.* In the event that Hospital or RPA or anyone to whom Hospital or RPA transmits the Confidential Information or Trade Secrets of Group, becomes legally compelled to disclose any of such Confidential Information or Trade Secrets, and Hospital or RPA learns of same, Hospital or RPA agrees to provide Group with prompt notice before such Confidential Information or Trade Secret(s) is disclosed so that Group may seek a protective order or other appropriate remedy and/or waive compliance with the provisions of this Section.

g. *Return of Confidential Information and Trade Secrets.* Each party agrees that all Confidential Information and Trade Secrets of the other party are the property of such other party. Each party agrees to promptly return, upon demand, any Confidential Information or Trade Secrets and copies thereof, of the other party furnished under this Agreement that is either received in or reduced to material form.

h. *Remedies for Breach.* The parties acknowledge that the confidentiality covenants contained in this Section are a reasonable means of protecting and preserving each party's interest in the confidentiality of its information. Each party agrees that any breach of any of these covenants will result in irreparable damage and injury to the other party and that such other party will be entitled to injunctive relief, including but not limited to, a temporary restraining order, temporary injunction, and/or permanent injunctive relief, in any court of competent jurisdiction without the necessity of posting any bond. Each party also agrees that it shall be responsible for all damages incurred by the breaching party due to any breach of the confidentiality covenants contained in this Section, including cost of enforcement, reasonable attorneys' fees, and court costs. Both parties agree that if any court finds any of the provisions herein to be too broad as to the activity or time period covered, that activity or time period shall be reduced to the extent such court deems to be reasonable and the covenants shall be enforced to the full extent of such reduced activities or time period.

6. Insurance.

a. Group shall ensure that Group and each Physician providing Services hereunder shall continuously maintain professional liability insurance so as to qualify Group and each Physician as a health care provider

under the Indiana Medical Malpractice Act (I.C. 34-18 *et seq.*) and be compliant with Hospital Medical Staff Bylaws and upon the expiration or termination of this Agreement, or in the event a Physician ceases to be contracted with Group or is terminated from participation under this Agreement by Hospital, and in the event the Group provides professional liability coverage on a "claims made" basis, Group shall, at its cost, provide "tail" coverage for Group and/or such Participating Physician(s).

b. Group shall also maintain for itself and each Physician, general liability insurance with limits of at least [REDACTED]

c. Workers' Compensation. As applicable, Group shall maintain workers' compensation insurance coverage consistent with Indiana statutory limits.

d. Proof of Coverage. Group shall provide RPA with appropriate certificates evidencing proof of such professional liability coverage for Participating Physicians as requested by Hospital.

7. Indemnification.

a. Group. Group, to the extent of, but not in addition to, its applicable liability insurance limits, shall indemnify and hold harmless Hospital and RPA from any and all liability for claims for damages or injury caused by or resulting from the negligent acts or omissions of Group, Physicians, or any Group personnel together with all costs and expenses, including reasonable counsel fees, provided that the party seeking indemnification promptly notifies Group or its liability insurance carrier of any such claim, suit or action; and notifies Group within a reasonable time after investigation of the incident that it desires to be indemnified under the provisions of this paragraph, gives sole control of the defense of any such claim, suit or action to Group, and gives Group full cooperation and assistance in such defense, subject to the terms and conditions of Hospital's insurance policy.

b. Hospital and/or RPA. Hospital and/or RPA, to the extent of, but not in addition to, its applicable liability insurance limits, shall indemnify and hold harmless Group and Physicians from any and all liability for claims for damages or injury caused by or resulting from the negligent acts or omissions of RPA, Hospital or any Hospital personnel together with all costs and expenses, including reasonable counsel fees, provided that the party seeking indemnification promptly notifies Hospital and/or RPA or its liability insurance carrier of any such claim, suit or action; and notifies Hospital and/or RPA within a reasonable time after investigation of the incident that it desires to be indemnified under the provisions of this paragraph, gives sole control of the defense of any such claim, suit or action to Hospital and/or RPA, and gives Hospital and/or RPA full cooperation and assistance in such defense, subject to the terms and conditions of Group's insurance policy.

8. Code of Ethics. Group and Physicians providing Services hereunder shall, at all times during the term of this Agreement, comply with the code of ethics of Hospital, the Medical Staff and the American Medical Association.

9. Facilities and Services Provided by Hospital.

a. Hospital Facilities. Hospital shall provide and maintain the physical facilities at Hospital and equipment, supplies and supportive services as are ordinarily furnished at comparable hospitals.

b. Support Personnel. Hospital shall provide nursing, clerical and other non-physician personnel as determined by Hospital administration for the efficient operation of the Program. Hospital shall be responsible for Workers' Compensation Insurance for its employees at Hospital and shall be solely responsible for the payment of their compensation. Group shall have the right to request a transfer of support personnel whom it determines are not qualified by training, temperament or conduct to adequately administer to the needs of the Physicians' patients; provided, however, Hospital shall have the authority to grant or deny any such request, and shall further

have the sole right and authority to transfer, reassign or terminate any of its employees. Group agrees and will ensure its Physicians do not request such support staff to perform any duties not related to the performance of services hereunder unless authorized by RPA or Hospital in writing.

c. *Medical Records.* Hospital shall provide and maintain all medical records for the Program at Hospital's expense.

d. *Support Services.* Hospital shall provide other reasonable support services necessary for the proper conduct of the Program including assisting scheduling and procurement of on-call specialists, preparation and filing of patient consents to treatment, and other services that may be reasonably requested by Group or Physicians.

e. *Clinic Space and Personnel.* RPA shall provide space; equipment; furniture; supplies, including but not limited to, support personnel, including but not limited to a receptionist, medical technicians, X-ray technician for a follow-up clinic.

10. **Final Authority.** Hospital shall have the final authority over all Hospital matters, controls, functions, and administration, and any interpretation of these responsibilities shall be finally and conclusively determined by Hospital. Group and Hospital recognize that this shall, in no way, be construed as usurpation of the right and duty of Physicians to render independent medical opinions when called upon.

11. **Implementation of New Programs.** Group shall cooperate with Hospital in planning for and implementing any new programs, equipment, budgets and securing of adequate and appropriate personnel to operate the Program. Nothing in this Section shall be deemed to give Group an independent right to implement any new program or budget or to procure equipment without the prior approval of Hospital.

12. **Status of the Parties.**

a. *Independent Contractor Status.* Subject to the limitations described herein, it is mutually understood and agreed that Group may engage independent contractors in order to facilitate its performance of the professional services, duties and obligations contemplated by this Agreement. Such persons shall be the independent contractors of Group, not RPA or Hospital, and such persons shall report to and, if applicable, be subject to the control of Group, not Hospital or RPA, except that Group agrees that each Physician must be a member of the Medical Staff of Hospital. Hospital and RPA shall neither have nor exercise any control or direction over the methods or manner by which Group's personnel perform their professional services and functions. Except for requiring the coverage of Services called for in the Agreement, Hospital and RPA shall not set, nor shall it have the right to set, the specific working hours of Group's personnel. The standards of medical practice and medical duties of these persons shall be determined by the Medical Staff of Hospital. These persons shall not be subject to any procedures applicable to Hospital employees; shall not be eligible for any employee benefit plan offered by Hospital; and shall not be entitled to employee benefits including vacation pay, sick leave, retirement benefits, Social Security, Workers' Compensation, disability, health or unemployment insurance benefits that may be provided to Hospital's employees. Group shall not hold itself, and shall cause each Physician not to hold himself/herself out to be or represent to anyone that it or he/she is an employee of Hospital or RPA or that its or his/her relationship to Hospital or RPA is other than that of an independent contractor.

b. *Payment of Taxes.* Group acknowledges that each Physician provided by Group will have sole responsibility for the payment of all federal, state and local estimated, withholding and employment taxes arising out of his or her relationship with and the performance of the professional services under this Agreement. Group acknowledges and agrees that Hospital and RPA will not withhold on its behalf any sums for income tax, unemployment insurance, social security or any other withholding pursuant to any law or requirement of any governmental body, nor will Hospital or RPA make available to Group or the Physicians any of the benefits

afforded to employees of Hospital and RPA. Each and every one of such payments, withholding and benefits, if any, is the sole responsibility of Physicians provided by Group.

13. Non-Solicitation.

Hospital and RPA each acknowledges that Group has expended significant financial and other resources to recruit and retain Physicians to provide services at Hospital during the term of this Agreement. Therefore, Hospital and RPA each agrees that, during the term of this Agreement and for a period of one (1) year following termination, expiration or cancellation of this Agreement for any reason, Hospital and/or RPA shall not, directly or indirectly (including through a controlled affiliate or group contracting through an entity or third party that succeeds Group as the provider of professional services to Hospital and/or RPA) retain, hire, employ, contract with, financially assist or otherwise permit any Physicians or other providers supplied by Group to Hospital and/or RPA during the term of this Agreement to render professional medical services and/or administrative services to or for the benefit of Hospital and/or RPA or any related entity of Hospital and/or RPA. RPA and Hospital agree that if RPA and/or Hospital (including an affiliate of RPA and/or Hospital) intends to or does retain, hire, employ, contract with, financially assist or otherwise permit any Physician who has provided Services pursuant to this Agreement to provide professional medical services contrary to the terms of the covenants set forth in this Section 13, RPA and/or Hospital shall pay to Group a Buyout Payment in the amount of [REDACTED] per Physician and, upon tender of such payment to Group, as to that particular Physician the restrictive covenants set forth in this Section 13 shall be null, void and of no effect. Notwithstanding the foregoing, if a Physician has continuously provided services to Hospital and/or RPA under this Agreement for three years, and if at any time after that three years, Physician wishes to be employed by or directly contracted with Hospital or/or RPA, then Hospital and/or RPA may employ or contract with that Physician without the payment set forth above without violating this Section 13.

Group acknowledges that Hospital and RPA have expended significant financial and other resources to recruit and retain employees. Therefore Group agrees that, during the term of this Agreement and for a period of one (1) year following termination, expiration or cancellation of this Agreement for any reason, Group shall not, directly or indirectly, retain, hire, employ, contract with, or financially assist, or solicit to retain, hire, employ, contract with or financially assist, any person who was employed by the Hospital or RPA during the term of the Agreement.

14. Reports Regarding Physicians. Each party shall immediately report to the other any patient complaint relating to a Physician, any restriction placed upon Physician's license to practice medicine or any disciplinary proceeding initiated against a Physician under the Bylaws, rules and regulations, and policies and procedures of Hospital and its Medical Staff. Each party shall also keep the other informed of any conduct or activities of said Physicians which may impair their ability to perform services at Hospital or which may adversely reflect upon their professional conduct, competence, or ethics. The parties will execute the Information Sharing Agreement attached hereto as Attachment H and will require each Physician to execute the acknowledgment of the Information Sharing Agreement.

15. Fees, Billings and Procedures.

a. **Definitions.** For the purposes of this Section, the following definitions shall apply:

(1) "Services to Patients" shall mean those Services of Group and any Physician which: (i) involve the delivery of direct, personal, and identifiable professional medical services to patients of Hospital; (ii) are furnished personally to an individual patient by a Physician retained by Group, under the direction of Group pursuant to applicable Medicare conditions for payment; (iii) contribute directly to the diagnosis or treatment of the patient; and (iv) ordinarily require performance by a physician.

b. *Billing for Services.*

(1) It is understood and agreed that Group shall charge patients on a fee-for-service basis for Services to Patients at Hospital. Group shall be responsible at its own expense for such billing and fee collection. Hospital will be responsible for billing patients or responsible third-party payors for the use of Hospital facilities, equipment, supplies and personnel. Such charges will not be considered a charge of Group to the patient for Services to Patients. Group and Hospital will cooperate with each other in maintaining records to facilitate accurate reimbursement of both parties.

(2) The necessary information to enable Group to render bills to those patients will be provided as available by Hospital by following mutually agreed upon guidelines. In addition, Hospital and RPA will allow read-only access and printing permissions to hospital systems to obtain Group's patient information and documentation. Hospital and RPA will provide stable internet connection through either use of a hospital issued computer or reliable internet access to be used with Group, or its designees, laptops, excluding hospital guest wireless internet. Hospital and RPA shall allow Group, or its designees, to circumvent internet firewalls to access particular websites used for revenue cycle processes. Group shall keep the Hospital informed of the schedule of professional charges in effect from time to time. Group will use best efforts to defend documentation/coding related denials. The parties acknowledge and agree that coding and collections performance will be included in the agreed upon annual review of performance metrics. Group agrees to place [REDACTED] annually at risk if mutually agreed upon performance metrics are not met.

(3) Hospital will use its best efforts to assist Group in its collection of fees for Services to Patients by obtaining accurate and complete demographic, insurance and employment information from patients. However, Hospital and Group acknowledge and agree that complete information will not always be available from all patients treated in the Hospital. Hospital shall make best efforts to secure copies of patients' driver's licenses and any and all third party insurance certificates as available. Hospital will share patient information with Group as appropriate to facilitate Group's obtaining complete information on each patient for billing and collection purposes; and, as appropriate and necessary, Group will reciprocate and cooperate by providing information to Hospital in connection with its billing and collection efforts. Hospital and RPA shall not be responsible for any bad debts or uncollectible patient accounts and will not be required to initiate any collection activities with regard to any patient accounts. Group shall submit fee schedule for fee-for-service service for approval by Hospital prior to the initial date services are provided under the terms of this Agreement. Group shall follow the charitable care practices of Hospital in the collection of fees for services. Group shall not increase its charges without giving at least thirty (30) days' prior written notice to Hospital during which time Group shall, upon Hospital's request, confer with Hospital concerning the proposed increase.

c. *Compensation to Group for Services to Hospital.*

(1) The financial aspects of this Agreement are based upon data supplied by Hospital relating to anticipated patient volume in the Program, the payor mix at Hospital, and other relevant factors. The parties agree that in order to make the obligations set forth in this Agreement financially feasible for Group, Hospital will pay Group a monthly availability fee ("Availability Fee") in the amount of the negative difference, if any, between Group's "Net Collections" and [REDACTED] which equates to [REDACTED] on an annualized basis. The initial monthly Availability Fee to Group will be paid in advance by Hospital and received by Group no later than the first day Group provides patient care services to Hospital ("Service Commencement Date"), with subsequent monthly Availability Fees due in advance on the first day of the month. For example, the March Service Month invoice would be sent on or about February 20th, and is due by March 1. Receipts from billing are reconciled after each month end, and complete around the 20th of the following month. This would indicate that February receipts would be reconciled by March 20th. Due to the timing of this process February receipts would be credited to the April service invoice that RPA would receive on about March 20th and is due April 1. Hospital understands that due to significant time gaps between date of claims filing and receipt of payment from payors, there will be little offsetting collections during the initial months of the program. Group agrees to be diligent regarding timely

billing and collection of fees for services at all times during the term of this Agreement. The parties understand and agree that the Availability Fee is intended to reflect the fair market value of the Group's services hereunder and does not represent compensation for professional services. The parties further understand and agree that the Availability Fee is based on the availability of adequate physicians to provide the services described herein. The parties agree to meet and confer regarding an annual increase in rates no less than ninety (90) days prior to the end of each contract year.

(2) For purposes of the preceding paragraph, "Net Collections" is defined as Group's actual cash receipts from all patient billings, unassigned and private patients, for services provided at Hospital, less Group's collection and billing expenses of [REDACTED] of collections. Group shall, on a monthly basis on or before the twentieth (20th) day of each calendar month, beginning with the second month, after the Service Commencement Date during the term of the Agreement, submit a report, in the form attached hereto as Attachment F, detailing the Net Collections of Group for the preceding calendar month.

(3) Any invoices not paid within thirty (30) days of the due date shall bear interest at an annual rate of [REDACTED] or the maximum allowed by law, on the unpaid balance, provided Group has submitted the report of Net Collections set forth above. Hospital's payments shall be applied first to interest and then to the unpaid principal balance due. In the event Group is required to engage a collection agency or take any other legal action to collect any amount due from Hospital, then the costs of collection including legal fees and expenses, shall also be payable by Hospital to Group to the fullest extent permitted under the laws of the State in which Hospital is located.

(4) At any time under this Agreement, the parties may review Group's collections, cash receipts and Program Costs for Services rendered during the preceding months hereunder. Either party may then propose a change in availability fee set forth above to be paid by Hospital to Group for the succeeding months of this Agreement. Group and Hospital agree to negotiate in good faith to agree upon an adjusted availability fee payment to Group within thirty (30) days. If Group and Hospital, after good faith negotiations, are unable to agree upon a new payment, then either party may terminate this Agreement on ninety (90) days' prior written notice.

(5) Notwithstanding Section 2 above, at the expiration of the term of this Agreement or in the event of contract termination by either party, the final payment of the monthly Availability Fee will be held for sixty (60) days after the term or termination of the Agreement to allow for a majority of collections for services rendered with a date of service in the term of the Agreement to be received by Group. All such amounts will be considered Net Collections of the Group and shall be offset against the final Availability Fee, which will be made within 5 days of receipt of the final Net Collections report. In addition, Group will provide a final statement of Net Collections for services with dates of service in the term of the Agreement within 30 days after the anniversary of the expiration or termination of this Agreement and shall submit reimbursement to Hospital for such amount. Upon expiration or termination of this Agreement, Group will provide RPA with an electronic file of all open accounts or RPA can separately contract with Group to provide accounts receivable wind down services pursuant to mutually agreed upon terms. This provision shall survive the expiration or termination of the Agreement.

d. *Managed Care Agreements.* Group and Physicians shall participate in the Medicare and Medicaid Programs, and shall participate in other third-party payor or managed care programs that Hospital participates in and as may be requested by Hospital. Group shall be responsible for the full cost of enrolling its physicians in up to twelve (12) such managed care plans. Hospital will pay one-half of Group's out-of-pocket cost for enrolling its physicians in more than twelve (12) managed care plans. Notwithstanding the foregoing, Hospital or RPA will not charge Group for initial and annual PHO enrollment fees.

16. Change in Laws. Should any changes in state or federal reimbursement laws or regulations, or commercial carrier or other third party payor payment schedules occur during the term of this Agreement which

materially affect third party reimbursement of Hospital or Group, either Hospital RPA or Group may request renegotiation of the applicable terms of this Agreement by written notice to the other party. If no new agreement is reached within sixty (60) days of receipt of such notice, then Hospital, RPA or Group may terminate this Agreement upon an additional thirty (30) days' written notice.

17. **Right to Review Records.** Each party shall permit reasonable access by the other party's accountants or other agents to such of its records as reasonably necessary to verify the other party's continued compliance with the terms of this Agreement. Each party shall pay its respective expenses incurred due to such review. The party requesting any records for such review shall pay for the reasonable costs of copying such records.

18. **Personal Expenses.** Neither Hospital nor RPA shall be responsible for any personal or professional expenses of the Physicians, including, but not limited to, appropriate professional clothing, membership fees and dues, and expenses of attending conventions and meetings, except those specifically requested by Hospital or RPA of said Physicians for Hospital purposes only and for which Hospital or RPA has agreed in advance in writing to pay.

19. **Group Records.** Until the expiration of four (4) years after the furnishing of services, pursuant to this Agreement, Group shall make available, upon written request, to the Comptroller General of the United States or his authorized representatives, Hospital, Secretary of the Department of Health and Human Services (the "Secretary"), to the documents, and records of Group that are necessary to certify the nature and extent of costs incurred with respect to any services furnished for which payments may be made under the Medicare or Medicaid programs. If Group carries out any of the duties of this Agreement through a subcontract, having a value or cost of [REDACTED] or more over a twelve (12) month period, with a related organization, such subcontract shall contain a clause to the effect that until the expiration of four (4) years after the furnishing of such services pursuant to such subcontract, the related organization shall make available, upon written request, to the Hospital, Secretary, Comptroller General, or any of their duly authorized representatives, the subcontract and books, documents, and records of such organization that are necessary to verify the nature and extent of costs incurred with respect to any services furnished for which payments may be made under the Medicare or Medicaid programs. Group shall notify RPA immediately of any requests made pursuant to this provision.

20. **HIPAA Compliance.** The parties agree to execute the Business Associate Agreement attached hereto as Attachment G and hereby incorporated by reference.

21. **Consents.** Any consent required or any discretion vested in a party to this Agreement shall not be unreasonably withheld or arbitrarily or capriciously exercised.

22. **Governing Law.** This Agreement shall be governed by and interpreted according to the laws of the State of Indiana. The parties agree to submit to the jurisdiction of, and agree that venue is proper in the courts of Wayne County, Indiana for any legal action or proceeding related to this Agreement.

23. **Notices.** All notices and other communications required or permitted under this Agreement shall be deemed given on the date received if delivered in person or by overnight delivery service, or three (3) days after mailing if sent by first-class United States mail, postage prepaid and certified. Notices shall be delivered to the parties as follows:

RPA: Reid Physician Associates, Inc.
1100 Reid Parkway
Richmond, Indiana 47374
Attention: Jim Hayes

Hospital: Reid Hospital and Health Care Services
1100 Reid Parkway
Richmond, IN 47374

Attention: Kay Cartwright

Group: DHP of Richmond, P.C.
265 Brookview Center Way, Suite 400
Knoxville, Tennessee 37919
Attention: General Counsel

24. **Payments.** Payments shall be made as follows:

FED Wire Transfer (same day funds):
Bank Name: Fifth Third Bank
ABA Number: 042000314
Account Name: Team Health Inc. Contract A/R
Account Number: 7360531938

ACH Credit (next business day funds):
Bank Name: Fifth Third Bank
ABA Number: 064103833
Account Name: Team Health Inc. Contract A/R
Account Number: 7360531938

CHECK:
P.O. Box 634850
Cincinnati, OH 45263-4850

25. **Hospital/RPA Representations.** Hospital and RPA each represents and warrants to Group that: (i) it is duly incorporated, validly existing and in good standing under the laws of the State, (ii) the execution, delivery and performance of this Agreement by Hospital and RPA has been duly authorized by all necessary corporate action; (iii) any agreements between Hospital, RPA and any other parties providing Services similar to those to be provided by Group hereunder will be terminated prior to the Service Commencement Date of this Agreement and any such agreements will thereafter be of no further force nor give rise to any claims which may be asserted against Group; (iv) the execution, delivery and performance by Hospital, RPA and Group of this Agreement and the retention by Group of any of the physicians or medical director working at Hospital and RPA prior to the Effective Date of this Agreement will not constitute a breach of or a default under any written or oral agreements between Hospital and any third party.

26. **No Third Party Rights.** , this Agreement shall not create and shall not be construed as creating any rights in any other person or party as a third party beneficiary of this Agreement or any terms hereof.

27. **Severability.** In the event any term or provision of this Agreement is found to be unenforceable or void, in whole or in part, as drafted, then the offending term or provision shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this Agreement shall remain in full force and effect.

28. **Amendments.** Amendments may be made to this Agreement but only after the mutual approval in writing by Hospital, RPA and Group.

29. **Waiver.** The waiver by either party of a breach or violation of any provisions of this Agreement shall not operate as or be construed to be a waiver of any such party's rights with respect to any subsequent breach thereof.

30. **No Requirement to Refer, Compliance with Law.** The parties specifically acknowledge and agree that any benefits which Group or its Physicians receive under this Agreement constitute reasonable payment for the Services provided by Group and Physicians hereunder. Such benefits in no way require, are in no way contingent upon, and are in no way intended to induce the admission or referral of any patients to Hospital. In addition, there is no requirement that Group or its Physicians make referrals to, or be in a position to make or influence referrals to, or otherwise generate business for Hospital as a condition for receiving such benefits. Hospital shall maintain a master list of all contracts between Hospital and Group and Physicians that is maintained and updated centrally.

31. **Entire Agreement.** This Agreement supersedes all previous contracts and constitutes the entire agreement between the parties. Group, Hospital and RPA shall be entitled to no benefits other than those specified herein. No oral statements or prior written material not specifically incorporated herein shall be of any force and effect and no changes in or additions to this Agreement shall be recognized unless and until made in writing signed by all parties hereto. Hospital and RPA each specifically acknowledges that in entering into and executing this Agreement, Group relies solely upon the representations and agreements contained in this Agreement and no others.

32. **Non-Discrimination.** Group agrees not to differentiate or discriminate in the provision of medical services to patients due to race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, age, medical condition, medical history, genetics, evidence of insurability or claims history. Group shall not be in violation of applicable state, federal or local law or the rules and regulations of Hospital with respect to such matters. In this regard and not by way of limitation to any other provision hereof, Group shall comply with the Age Discrimination Act of 1975 and the Americans with Disabilities Act as amended and all regulations issued pursuant thereto applicable to Group's Professional Services under this Agreement.

33. **Disclosure of Interests.** In order to permit compliance with federal self-referral statutes and regulations commonly known as the Stark Law (42 U.S.C. Section 1395nn), as those statutes and regulations may be amended from time to time, Group shall provide to Hospital, upon execution of this Agreement, with information sufficient to disclose any ownership, investment or compensation interest or arrangement of Physician or any of Physician's immediate family members, in any entity providing "designated health services", as that term is defined in applicable statutes and regulations. Such information shall be provided by completing and signing Attachment D, attached hereto and incorporated herein. In addition Group shall immediately inform Hospital of any other arrangements that may present a conflict of interest or materially interfere with Group's performance of its duties under this Agreement. Hospital may exercise its right to terminate this Agreement if Group pursues or engages in conduct that does constitute a conflict of interest or that materially interferes with (or is reasonably anticipated to interfere with) Group's performance under this Agreement.

34. **Assignment.** Group shall not assign its rights or delegate its duties under this Agreement without the prior written consent of RPA.

IN WITNESS WHEREOF, the parties have executed this Agreement on the date(s) given below.

Group

RPA

By: Kurt M. B.
Title: Sr Vp Operations
Date: 5/9/2014

Hospital

By: C. E. Kuyper

Title: President and CEO

Date: 4-22-14

By: C. E. Kuyper
Title: President and CEO
Date: 4-22-14

ATTACHMENT A
Program

The Program shall consist of provision of the following clinical services for Unassigned Patients, with the overall goal of promoting high quality of care by optimizing patient clinical outcomes, patient satisfaction, provider satisfaction and positive cost control:

- general surgery services
- daily patient care rounds
- coordination of specialist care
- timely communication and coordination of care with primary care physicians
- patient and family communication
- following established patient care protocols

"Unassigned Patients" are defined as any patient presenting at the Hospital that requires the care of a general surgeon who is not at the time of presentation under the care of General Surgeons of Indiana, or who does not request a non-Group surgeon by name.

ATTACHMENT B
General Surgery Hospitalist Medical Director
Position Description

Medical Directors are acknowledged as the first-line physician-managers in Group's client hospitals. A well-chosen Medical Director (the "Director") who succeeds in this important leadership role is the best guarantee for a successful long-term relationship with the hospital and the physician group. For these reasons, Group has delineated certain qualifications and responsibilities that are expected of the individual selected to be the Director under the Agreement. By maintaining these standards, it is anticipated that Group will be able to select those individuals most likely to succeed as physician-managers and provide them with guidelines to help them accomplish their tasks.

Pursuant to the Agreement, Group shall provide to Hospital a Director who satisfies the requirements set forth for all Physicians in the Agreement in addition to the requirements and qualifications set forth below. In addition to providing Services to Hospital as set forth in the Agreement, Group shall cause the Director to perform those Services to Hospital set forth below.

Qualifications of Physician to Serve as Director

1. Medical staff membership at Hospital.
2. Maintenance of current unrestricted license to practice medicine in the State and DEA registration as required by Hospital's Medical Staff Bylaws and rules and regulations; and has never had any such licenses or certificates in this or any other state or country limited, withdrawn, suspended, curtailed, placed on probation or revoked.
3. Maintains status as a Qualified Health Care Provider under the Indiana Medical Malpractice Statute.
4. Board certified in General Surgery with trauma certification.
5. Possessing an independent contractor agreement with a Group-affiliated company.
6. Possess leadership/management skills sufficient to command respect of Hospital administrative and Medical Staff.
7. Has never been denied membership or reappointment to membership on the medical staff of any health care facility, and no health care facility medical staff membership or clinical privileges of such Physician have ever been limited, suspended, curtailed, revoked, placed on probation, withdrawn, or subject to reprimand whether voluntarily or as a result of action (either formal or informal) initiated by any health care facility or its medical staff.

Duties/Responsibilities

I. Hospital

- a. The Director shall exemplify professionalism and shall be a role model for the Physicians in personal attributes, professional standards of care, and participation in Medical Staff affairs.
- b. The Director shall preside over regularly conducted meetings provided for the Program staff and shall attend appropriate Hospital staff meetings. Involvement in the Hospital Medical Staff and Hospital committee structure is required.

- c. The Director, with support from corporate management, as requested, shall address with Physicians problems identified by Hospital Administration regarding matters such as charting practices, dress, professional conduct, etc.
- d. The Director shall be accountable to Hospital Administration for administrative duties pertaining to the Program.
- e. The Director, or his/her designee, shall serve on Hospital and/or Medical Staff committees or task forces when requested.
- f. The Director shall maintain good relations with the internal Hospital community, including the Medical Staff, administration and the Hospital Board of Directors.
- g. The Director shall advise Hospital on staffing and personnel needs and evaluation of individual personnel qualifications of persons providing or being considered to provide assistance and support in the Program, and advise Hospital immediately of any incompetence, deficiency, lack of ability, lack of proper training, or unexcused absences of personnel provided. The Director shall advise Hospital on the evaluation, supervision, and training of Hospital personnel providing assistance and support in the Program and shall assist Hospital with scheduling work hours and training of such personnel.
- h. The Director shall notify Hospital if any equipment in Hospital utilized by any Physician in performance of the Services under this Agreement is defective, inoperative or in disrepair.
- i. The Director shall participate as requested by Hospital in the administrative functions necessary to ensure the effective and efficient management of the Program.
- j. The Director shall participate as requested by Hospital in the long range planning of the Program, including, but not limited to, equipment selection, budgeting and staffing.
- k. The Director shall assist the Hospital in obtaining and maintaining accreditation and all licenses, permits and other authorizations, plus achieving all accreditation standards which are dependent upon, or applicable to, in whole or in part, the manner in which the program is conducted.
- l. The Director shall meet on a monthly basis, or as agreed upon, with the President of Hospital or his designee.
- m. The Director shall be responsible to deal with the day to day clinical operations pertaining to the Services provided by the Physicians.

II. Corporate

- a. The Director should work closely with Group's subsidiary manager, office staff and assigned Group Medical Officer to maintain communications so that operation/management problems can be avoided or resolved. The Director should be an essential part of recruitment efforts for his/her practice and should assist in staffing efforts. Regular communications with the Group Medical Officer assigned will assist in keeping abreast of new information.
- b. Medical Director Administrative Time Logs should be completed and submitted monthly to the Group subsidiary manager. These will be available for Hospital to review as requested.

- c. Attendance at Group Medical Director Forums is an expected and important part of the Director's continuing management education.

III. Quality Improvement

- a. The Director shall provide on-going review of existing Program policies and procedures and shall recommend changes to Hospital administration as needed.
- b. The Director or a designee shall participate in Medical Staff quality review activities.
- c. The Director shall maintain a posture of patient advocacy and promote this attitude to physician and nursing staff members.

IV. Credentialing

- a. The Director shall maintain continuing review of the professional performance of all Physicians affiliated with the Program, working closely with the Hospital's medical staff quality program and surgical section chief.

V. Education

- a. The Director shall participate in nursing in-service education programs as needed.
- b. The Director shall promote regular attendance at continuing medical education courses by staff physicians and should insure that the staff physicians meet institutional requirements of CME.

VI. Clinical

- a. It shall be the Director's responsibility to maintain strong clinical skills in order to set the example of professional competence in Hospital. The number of clinical hours per month and administrative hours per month expected of the Director shall be agreed upon in writing and the terms of this Agreement predictably fulfilled.
- b. The Director shall work a representative sample of night, weekend and holiday shifts to experience first-hand the Program during these times.

ATTACHMENT C
General Surgery Hospitalist Program Coordinator
Position Description

Scope

Under direct supervision of the Medical Director of Surgicalist Services, the Surgicalist Program Coordinator provides administrative support for physicians working as surgicalists including but not limited to general and usual administrative functions for a busy hospital department, adhering to the highest standards of confidentiality. This position serves as an essential communication link for Surgicalist services, including collection and coordination of information necessary for provider billing, collection of various program statistics, assisting with quality audits and preparing department minutes and reports.

Essential Duties and Responsibilities

- Collects insurance, clinical and encounter data and forwards to the billing agency as necessary
- Maintains files and records for department
- Tracks statistical data
- Prepares reports, documents and spreadsheets
- Assists with data collection for audits
- Schedules department meetings and prepares meeting minutes
- Attends department and other hospital meetings as requested
- Maintains the department calendar of events and work records for Surgicalists
- Orders supplies for the department
- Performs general duties including copying, faxing, mailing, filing and answering telephone
- Coordinates and facilitates communication within the department
- Communicates with outside vendors, organizations and hospital personnel
- Maintains an orderly computer filing system of all pertinent documents
- Performs other administrative duties as requested by the Surgicalist staff

Additional Skills and Abilities

- Skilled in Microsoft Office including Word, Excel and a working knowledge of databases
- Excellent verbal and written communication skills
- Personal integrity and diplomacy
- Self-starter who can work independently
- Superior organization skills, with attention to detail
- Team player
- Ability to make decisions and prioritize work
- Medical terminology



Education and/or Experience

- High school diploma, some college or technical training
- Five (5) years office experience, preferably in a clinical setting

Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Work may require sitting for long periods of time; also stooping, bending and stretching for files and supplies.

Occasional lifting of files or paper weighing up to 40 pounds may be required. The position requires manual dexterity sufficient to operate a keyboard, a calculator, telephone, copier and other such office equipment. Vision must be correctable to 20/20 and hearing must be in the normal range for telephone contacts. It is necessary to view and type on computer screens for prolonged periods of time.

Work Environment

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Work is performed in an office environment within a hospital and involves contact with physicians, patients and the public. There is occasional pressure due to multiple calls, prioritizing work demands, responsibility for supporting multiple individuals and the critical nature of the services provided by the department.

In the space below, I have disclosed any interests, activities, investments or involvement of or concerning me or my immediate family members that I believe to be considered relevant for purposes of disclosure of all actual, apparent or possible conflicts of interests, as required by federal self-referral statutes and regulations commonly known as the Stark Law (42 U.S.C. Section 1395nn).

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
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Also, I hereby certify that if any situation should arise in the future which I think may be a conflict of interest, I will promptly disclose the circumstances.

Kent M. Bristow
Print Name
Kent M. Bristow
Signature
5/9/2014
Date

ATTACHMENT E
Sample Letter

Hospital

Ladies and Gentlemen:

The undersigned acknowledges that _____ ("Hospital") and _____ ("Group") have entered into a professional services agreement ("Agreement") under which Group will provide professional services at Hospital and that the undersigned has been engaged by Group as a physician to provide services under the Agreement. In consideration of Hospital's approval of me, I expressly:

1. Acknowledge that I have no employment, independent contractor or other contractual or other relationship with Hospital, that my right to practice in Hospital as a Physician is derived solely through my employment or contractual relationship with Group, and that Hospital has approved my acting as a Physician as provided in the Agreement.
2. Acknowledge that Hospital has reserved the right to withdraw such approval and cause Group to remove me as a participating Physician under this Agreement at any time without cause upon written notice to me.
3. Acknowledge that if the Agreement expires or is terminated for any reason, then unless otherwise determined at the discretion of Hospital or its Medical Staff, Hospital may terminate or otherwise qualify or limit my Medical Staff appointment and/or clinical privileges. Further, if my contract, employment or other relationship with or membership in Group is terminated for any reason, then unless otherwise determined at the discretion of Hospital or its Medical Staff, Hospital may terminate or otherwise qualify or limit my Medical Staff appointment and/or clinical privileges.
4. With regard to all of the foregoing, I expressly waive any right to assert that any termination of my status under the Agreement requires Hospital to comply with any procedures whatsoever under the Medical Staff Bylaws and expressly waive any right to any challenge or review of any such changes in status as may be granted pursuant to the bylaws or rules and regulations of Hospital or the Medical Staff or otherwise, unless such change is a reportable incident to the National Practitioner Data Bank or State Licensure Board.

Sincerely,

ATTACHMENT F

	2014										
	January	February	March	April	May	June	July	August	September	October	November
Total Charges											
Total Payments											
Total Adjustments											
Refunds Posted											
Total Ending AR											
Bad Debt AR											
Net AR											
Days in AR											
Gross Collection %											
Adjusted Collection %											
Encounter Count											
Total Admits											
Total Consults											
Total OR Cases											
Encounters by Financial Class	January	February	March	April	May	June	July	August	September	October	November
Payer 1											
Payer 2											
Payer 3											
Payer 4											
Payer 5											
Payer 6											
Payer 7											
Payer 8											
Payer 9											
Payer 10											
Total											

CPT Utilization	January	February	March	April	May	June	July	August	September	October	November
ER Care											
Hospital Visits											
Misc											
Office Visits											
Post Op Visits											

In general, payments are received into the lockbox as they are paid. The Group summarizes the receipts for each month, net of refunds, and reconciles to the bank records. The net amount is shown on a month end report that is shared with RPA. The funds are credited on the invoice that is billed to RPA typically two months in arrears.

Level Application

	# of Highest Level Activations	# with surgeon response within required timeframe (15 minutes for Level 1 & 2, 30 minutes for Level 3)	% within required response timeframe (ACS Benchmark= >80% compliance)
<i>Example:</i>			
<i>John Smith, MD, FACS</i>	30	25	83%
<i>Russell Pruitt, MD, TMD</i>	15	14	93%
<i>Steven Branch, MD</i>	8	6	75%
<i>Donald Prentiss, MD</i>	3	3	100%
<i>Giovanni Salerno, MD</i>	4	3	75%
<i>Joseph Zitarelli, MD</i>	21	18	86%
<i>Michael Khalil, MD (no longer at Reid)</i>	2	2	100%
<i>Jonathon Holmes, MD (no longer at Reid)</i>	16	15	94%



Emergency Management Committee

This letter is to serve as validation of Dr. Russell Pruitt's active membership and participation on the Emergency Management Committee (EMC) at Reid Health. The EMC is responsible for the development and implementation of disaster planning; the EMC also provides coordination for all disaster planning activities (internal and external). Dr. Pruitt serves primarily on our Code Green (Mass Casualty) subcommittee which is responsible for planning and ensuring the hospital is ready to receive patients from a mass casualty incident.

A handwritten signature in cursive script that reads "Mitchell Neal".

Mitchell Neal, MBA, RN, CHSP
Director, Risk Management and Patient Safety
Patient Safety Officer
Reid Health

Level Application

Emergency Management Committee		5					
Member	Department		12/9/2014	1/30/2015	3/13/2015	6/9/2015	9/8/2015
Mitch Neal, RN	Risk Management		X	X	X		X
Randy Kolentus	Security Services		X	X	X	X	X
Ryan Williams, RN	Trauma/EMS		X	X	X	X	FMLA
Sally Stohler, RN	Quality		X	X		X	X
Jennifer Ehlers	Administration		X	X	X	X	X
Russell Pruitt, MD	Trauma Services		n/a	n/a	X	X	X
Greg Carter, RN	Infection Control		X	X	X	X	X
Vickie Bryant	Environmental Services		X	X	X	X	X
Jeff Cook	Engineering		X	X	Excused	X	X
Gary Vadakin	Information Services		X	X	X	X	X
Misty Nash	Medical Staff Services		X	X	X	Excused	X
Iesha Engle, RN	Mother Baby Care Center		Excused	X	X	X	X
Larry Wyong	Engineering		X	X	X	X	X
Scott Gregory	Wayne County EMA		X	X	X	X	X

June 2015

Period Status: Published

monthly weekly daily

REID HOSPITAL - GS: 21165

JUN 2015

Admin Calendar

June 01, 2015 - June 30, 2015

Apply Rules to All Shifts

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31 Call J.W.Kempen	Jun 1 Call J.W.Kempen	2 Call J.W.Holmes	3 Call J.W.Holmes	4 Call J.W.Holmes	5 Call J.W.Holmes	6 Call J.W.Holmes
7 Call J.W.Holmes	8 Call J.A.Zitare	9 Call J.A.Zitare	10 Call J.A.Zitare	11 Call J.A.Zitare	12 Call J.A.Zitare	13 Call J.A.Zitare
14 Call J.A.Zitare	15 Call J.A.Zitare	16 Call (Open) Holmes	17 Call (Open) Holmes	18 Call (Open) Holmes	19 Call R.F.Pruitt	20 Call R.F.Pruitt
21 Call R.F.Pruitt	22 Call R.F.Pruitt	23 Call R.F.Pruitt	24 Call R.F.Pruitt	25 Call R.F.Pruitt	26 Call R.F.Pruitt	27 Call R.F.Pruitt
28 Call R.F.Pruitt	29 Call J.A.Zitare	30 Call J.A.Zitare	Jul 1 Call J.A.Zitare	2 Call J.A.Zitare	3 Call J.A.Zitare	4 Call J.A.Zitare
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Location Group: Team DTH

Admin Calendar

JUL ▼ 2015 ▼ Go

July 01, 2015 - July 31, 2015

Apply Rules to All Shifts | hide tasklist /

July 2015

Period Status: Revised

monthly weekly daily

REID HOSPITAL - GSI 21165

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28 Call R.F.Pruitt	29 Call J.A.Zitare	30 Call J.A.Zitare	Jul 1 Call J.A.Zitare	2 Call J.A.Zitare	3 Call J.A.Zitare	4 Call J.A.Zitare
5 Call J.A.Zitare	6 Call J.W.Holmes	7 Call J.W.Holmes	8 Call J.W.Holmes	9 Call J.W.Holmes	10 Call J.W.Kempen	11 Call J.W.Kempen
12 Call J.W.Kempen	13 Call J.W.Kempen	14 Call J.W.Kempen	15 Call R.F.Pruitt	16 Call R.F.Pruitt	17 Call R.F.Pruitt	18 Call R.F.Pruitt
19 Call R.F.Pruitt	20 Call R.F.Pruitt	21 Call J.A.Zitare	22 Call J.A.Zitare	23 Call J.A.Zitare	24 Call J.A.Zitare	25 Call J.A.Zitare
26 Call J.A.Zitare	27 Call R.F.Pruitt	28 Call R.F.Pruitt	29 Call R.F.Pruitt	30 Call R.F.Pruitt	31 Call R.F.Pruitt	Aug 1 Call R.F.Pruitt
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

August 2015

Period Status: In Process

monthly weekly daily

AUG 2015 Go

REID HOSPITAL - GS1 21165

Admin Calendar

August 01, 2015 - August 31, 2015 Apply Rules to All Shifts ☐ Hide Tasklist /

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26 Call J.A.Zitare	27 Call R.F.Pruitt	28 Call R.F.Pruitt	29 Call R.F.Pruitt	30 Call R.F.Pruitt	31 Call R.F.Pruitt	Aug 1 Call R.F.Pruitt
2 Call R.F.Pruitt	3 Call R.F.Pruitt	4 Call J.A.Zitare	5 Call J.A.Zitare	6 Call J.A.Zitare	7 Call J.W.Holmes	8 Call J.W.Holmes
9 Call J.W.Holmes	10 Call R.F.Pruitt	11 Call R.F.Pruitt	12 Call R.F.Pruitt	13 Call J.A.Zitare	14 Call J.A.Zitare	15 Call J.A.Zitare
16 Call J.A.Zitare	17 Call J.A.Zitare	18 Call J.A.Zitare	19 Call J.A.Zitare	20 Call J.A.Zitare	21 Call J.W.Kempen	22 Call J.W.Kempen
23 Call J.W.Kempen	24 Call J.W.Kempen	25 Call J.W.Holmes	26 Call J.W.Holmes	27 Call R.F.Pruitt	28 Call R.F.Pruitt	29 Call R.F.Pruitt
30 Call R.F.Pruitt	31 Call R.F.Pruitt	Sep 1 Call (Open)	2 Call (Open)	3 Call (Open)	4 Call (Open)	5 Call (Open)
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Location Group: Team DTH

September 2015

Period Status: Published

Monday, 14, 2015

SEP 2015 Go

Admin Calendar

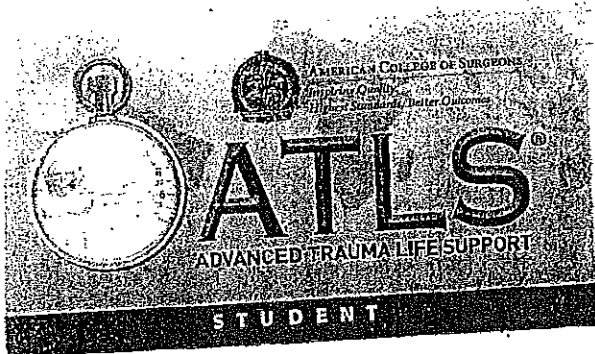
September 01, 2015 - September 30, 2015 Apply Rules to All Shifts

REID HOSPITAL - GS: 21165

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30 Call R.F.Pruitt	31 Call R.F.Pruitt	Sep 1 Call (Open) Prentiss	2 Call (Open) Prentiss	3 Call (Open) Prentiss	4 Call S.K.Branch	5 Call S.K.Branch
6 Call S.K.Branch	7 Call S.K.Branch	8 Call S.K.Branch	9 Call S.K.Branch	10 Call S.K.Branch	11 Call S.K.Branch	12 Call (Open)
13 Call (Open)	14 Call (Open) Prentiss	15 Call R.F.Pruitt	16 Call R.F.Pruitt	17 Call S.K.Branch	18 Call S.K.Branch	19 Call S.K.Branch
20 Call S.K.Branch	21 Call S.K.Branch	22 Call S.K.Branch	23 Call R.F.Pruitt	24 Call R.F.Pruitt	25 Call R.F.Pruitt	26 Call R.F.Pruitt
27 Call R.F.Pruitt	28 Call R.F.Pruitt	29 Call R.F.Pruitt	30 Call S.K.Branch	Oct 1 Call S.K.Branch	2 Call S.K.Branch	3 Call S.K.Branch
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Location Group: Team DTH

COMMITTEE ON TRAUMA



Steven Brunch, MD

is recognized as having successfully completed the
ATLS® Course for Doctors according to the standards
established by the ACS Committee on Trauma.

Issue Date: 03/01/2015

Expiration Date: 03/01/2019

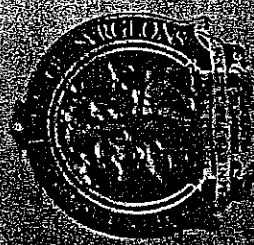
Chairperson,
ATLS Subcommittee

ACS Chairperson, State/Provincial
Committee on Trauma

CS: 46829-P/SR

Course Director

ATLS



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Donald P. Prentiss, MD

is recognized as having successfully completed the
ATLS® Course for Doctors according to the standards
established by the ACS Committee on Trauma.

Sharon M. Henry, MD

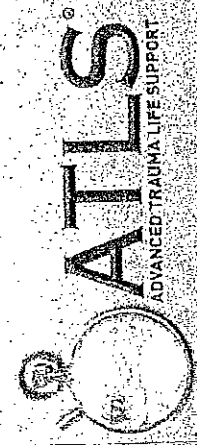
Sharon M. Henry, MD,
FACS, Chair
Chairperson,
ATLS Subcommittee

Christopher J. Dente, MD

Christopher J. Dente,
MD
ACS Chairperson,
State/Provincial
Committee on Trauma
ATLS Course Director

Date of Issue: 11/02/2014

Date of Expiration: 11/02/2018



Giovanni M. Salerno, MD

is recognized as having successfully completed the
ATLS® Course for Doctors according to the standards
established by the ACS Committee on Trauma.

Issue Date: 11/22/2014

Expiration Date: 11/22/2018

Sharon M. Henry, MD, FACS

Kimberly Joseph, MD, FACS

Chairperson,
ATLS Subcommittee

ACS Chairperson, State/Provincial
Committee on Trauma

CS: 46086-SR Course Director ATLS ID

Replacement ATLS cards are available for a \$10 USD fee.

COMMITTEE ON TRAUMA | AMERICAN COLLEGE OF SURGEONS



Giovanni M. Salerno, MD

is recognized as having successfully completed the
ATLS® Course for Doctors according to the standards
established by the ACS Committee on Trauma.

Sharon M. Henry, MD, FACS *Kimberly Joseph, MD, FACS*
Chair

Chairperson,
ATLS Subcommittee

ACS Chairperson,
State/Provincial
Committee on Trauma

ATLS Course Director

Date of Issue: 11/22/2014

Date of Expiration: 11/22/2018



AMERICAN COLLEGE
OF SURGEONS

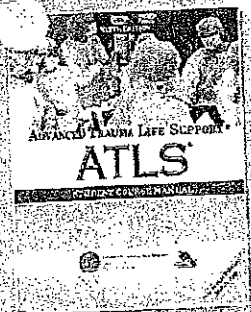
Inspiring Quality,
Highest Standards,
Better Outcomes



910

Joseph Zitarelli, MD

is recognized as having successfully completed the
ATLS® Course for Doctors according to the standards
established by the ACS Committee on Trauma.



Sharon M. Henry, MD,
FACS, Chair
Chairperson,
ATLS Subcommittee

Mark Gestring, MD,
FACS
ACS Chairperson,
State/Provincial
Committee on Trauma

[Signature]
ATLS Course Director



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OF SURGEONS

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Highest Standards.
Better Outcomes.

Date of Issue: 09/19/2014

Date of Expiration: 09/19/2018



Joseph Zitarelli, MD

is recognized as having successfully completed the
ATLS® Course for Doctors according to the standards
established by the ACS Committee on Trauma.

Issue Date: 09/19/2014

Expiration Date: 09/19/2018

Chairperson,
ATLS Subcommittee

ACS Chairperson,
State/Provincial
Committee on Trauma

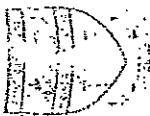
CS: 43838-P/SR

[Signature]
Course Director

ATLS ID

Replacement ATLS cards are available for a \$10 USD fee.

The AMERICAN BOARD OF SURGERY
Incorporated



rated in 1937 for the certification of Surgeons
hereby declares that

Steven K. Branch

having satisfied all the requirements and having
successfully passed the examination is certified in
the specialty of Surgery

Attest:

Timothy C. Hyman
CHAIRMAN

Russell D. Packer
VICE CHAIRMAN

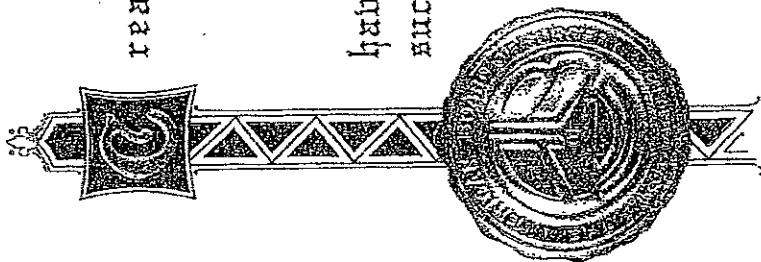
Philadelphia, Pa.

Frederic R. Loring
SECRETARY - TREASURER

ISSUED: May 6, 1938

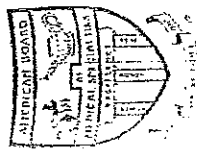
VALID UNTIL: July 1, 1948

CERTIFICATE NO. 37474



The AMERICAN BOARD OF SURGERY

Incorporated



created in 1937 for the certification of Surgeons
hereby declares that

Donald Paul Prentiss, Jr.

having been previously certified, has satisfied all the
requirements for recertification and is hereby reaffirmed
as certified in the specialty of Surgery

Attest:

Stan Spar
CHAIRMAN

E. Christy E. Elson
VICE CHAIRMAN

Frank R. Luning
SECRETARY - TREASURER

Philadelphia, Pa.

ISSUED: December 10, 2009

VALID UNTIL: July 1, 2020

CERTIFICATE NO. 45281

THE AMERICAN BOARD OF SURGERY

Incorporated



rated in 1937 for the certification of Surgeons
hereby declares that

Russell Franklin Pruitt

having been previously certified, has satisfied all the
requirements for recertification and is hereby reaffirmed
as certified in the specialty of Surgery

Attest:

Timothy C. Flynn
CHAIRMAN

Russell D. Porter
VICE CHAIRMAN

Philadelphia, Pa.

Frank R. Luning
SECRETARY • TREASURER

ISSUED: November 27, 2007

VALID UNTIL: July 1, 2018

CERTIFICATE NO. 42783

Board Certified Docs

An Official ABMS® Display Agent



Salerno, Giovanni M.

Viewed: 09/18/2015 11:55:31 CDT

ABMS Primary Source Data

AMERICAN BOARD OF SURGERY CERTIFICATION(S):

Surgery 04/02/2001 - 07/01/2011, 12/07/2009 - 12/31/2021

** Meeting Maintenance of Certification (MOC) Requirements

[Click for more info](#)

American Board of Surgery
Surgery Yes

Additional Professional Data

NPI number: 1942242698

Active State License(s): Provided by the Federation of State Medical Boards: Not for Primary Source Verification

IL	36093060	issued 06/05/1996	expires 07/31/2017
IN	01070836A	issued 03/21/2012	expires 10/31/2015
ME	MD20626	issued 07/07/2015	expires 09/30/2016
WI	63861-20	issued 04/06/2015	expires 10/31/2015

Education:

Creighton University School of Medicine, Nebraska, (1993, MD)

Career:

Training Appointments:

Res, General Surgery, University Chicago, Chicago, IL (1993-1999)

Hospital Appointments:

Att, General Surgery, Iroquois Memorial Hospital and Resident Home, Watseka, IL (2003-)
Staff, Provena-St Mary Hospital, Kankakee, IL (1999-)
Staff, Riverside Medical Center, Kankakee, IL (1999-)

Type Of Practice

Private Practice Solo-FI

Contact Information

Private (?)

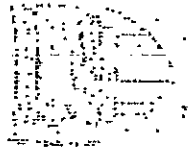
Location: city unspecified

This profile contains primary source board certification data. Elsevier has been designated by the ABMS as an Official Display Agent and is able to provide this primary source data on behalf of the ABMS. The ABMS has been designated a primary source of board certification information by The Joint Commission (TJC), the National Committee for Quality Assurance (NCQA) and URAC.

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THE AMERICAN BOARD OF SURGERY

Incorporated



created in 1937 for the certification of Surgeons
hereby declares that

Joseph Anthony Zitarelli

having been previously certified, has satisfied all the
requirements for recertification and is hereby reaffirmed
as certified in the specialty of Surgery

Attest:

Russell D. Patton

CLERK

Stanley J. ...

VICE CHAIRMAN

Philadelphia, Pa.

Frederic R. ...

SECRETARY - IMMEDIATE

ISSUED: December 9, 1938

VALID UNTIL: July 1, 1941

Schedule	Violations	Cover Violations	Stats	Shift Distribution		
July 2015 (Send to Edit Schedule)						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	1	2	3	4
			7am-4pm Behrens 9am-6pm Walkotte 2pm-11p Brummett 5pm-2am Smith 10:30pm-7:30am Farris 10am-5pm Williams 5pm-12pm McDivitt	7am-4pm Bales 9am-6pm Walkotte 2pm-11p Behrens 5pm-2am Brummett 10:30pm-7:30am Farris 8am-4pm McDivitt 4pm-12a Nevels	7am-4pm Smith 9am-6pm Walkotte 2pm-11p Bales 5pm-2am Wedig 10:30pm-7:30am Farris 8am-4pm Williams 4pm-12a Behrens	7am-4pm Smith 9am-6pm Brummett 2pm-11p Bales 5pm-2am Nevels 10:30pm-7:30am Wedig 10am-5pm Short
5	6	7	8	9	10	11
7am-4pm Smith 9am-6pm Brummett 2pm-11p Bales 5pm-2am Nevels 10:30pm-7:30am Wedig 10am-5pm Walkotte 5pm-12pm McDivitt	7am-4pm Smith 9am-6pm Farris 2pm-11p Swann 5pm-2am Behrens 10:30pm-7:30am Nevels 8am-4pm Williams 4pm-12a Brummett	7am-4pm Iden 9am-6pm Shayesteh 2pm-11p Farris 5pm-2am Walkotte 10:30pm-7:30am Nevels 8am-4pm Williams 4pm-12a Behrens	7am-4pm Iden 9am-6pm Shayesteh 2pm-11p Wedig 5pm-2am Behrens 10:30pm-7:30am Walkotte 10am-5pm McDivitt 5pm-12pm Farris	7am-4pm Brummett 9am-6pm Shayesteh 2pm-11p Wedig 5pm-2am McKinney 10:30pm-7:30am Behrens 8am-4pm McDivitt 4pm-12a Williams	7am-4pm Hinkelman 9am-6pm Iden 2pm-11p Brummett 5pm-2am Smith 10:30pm-7:30am McKinney 8am-4pm Williams 4pm-12a Shayesteh	7am-4pm Hinkelman 9am-6pm Farris 2pm-11p Brummett 5pm-2am Smith 10:30pm-7:30am Iden 10am-5pm Williams 5pm-12pm Walkotte
12	13	14	15	16	17	18
7am-4pm Wedig 9am-6pm Farris 2pm-11p Hinkelman 5pm-2am Walkotte 10:30pm-7:30am Iden 10am-5pm Williams 5pm-12pm Smith	7am-4pm Bales 9am-6pm Wedig 2pm-11p Farris 5pm-2am Walkotte 10:30pm-7:30am Iden 8am-4pm McDivitt 4pm-12a Swann	7am-4pm Bales 9am-6pm McKinney 2pm-11p Smith 5pm-2am Wedig 10:30pm-7:30am Walkotte 8am-4pm McDivitt 4pm-12a Brummett	7am-4pm Farris 9am-6pm Hinkelman 2pm-11p McKinney 5pm-2am Brummett 10:30pm-7:30am Smith 10am-5pm Williams 5pm-12pm Wedig	7am-4pm Farris 9am-6pm Hinkelman 2pm-11p McKinney 5pm-2am Swann 10:30pm-7:30am Smith 8am-4pm Williams 4pm-12a Harrison	7am-4pm Shayesteh 9am-6pm Baldwin 2pm-11p Hinkelman 5pm-2am Farris 10:30pm-7:30am Brummett 8am-4pm McDivitt 4pm-12a Bales	7am-4pm Shayesteh 9am-6pm McKinney 2pm-11p Hinkelman 5pm-2am Iden 10:30pm-7:30am Bales 10am-5pm Baldwin 5pm-12pm McDivitt
19	20	21	22	23	24	25
7am-4pm Wedig 9am-6pm Behrens 2pm-11p McKinney 5pm-2am Iden 10:30pm-7:30am Shayesteh 10am-5pm Baldwin 5pm-12pm McDivitt	7am-4pm Wedig 9am-6pm Behrens 2pm-11p Baldwin 5pm-2am Hinkelman 10:30pm-7:30am Shayesteh 8am-4pm Williams 4pm-12a McKinney	7am-4pm Nevels 9am-6pm Farris 2pm-11p Behrens 5pm-2am Wedig 10:30pm-7:30am Hinkelman 8am-4pm Williams 4pm-12a Bales	7am-4pm McKinney 9am-6pm Nevels 2pm-11p Walkotte 5pm-2am Bales 10:30pm-7:30am Hinkelman 10am-5pm Williams 5pm-12pm Wedig	7am-4pm Baldwin 9am-6pm McKinney 2pm-11p Iden 5pm-2am Farris 10:30pm-7:30am Hinkelman 8am-4pm Williams 4pm-12a Nevels	7am-4pm Walkotte 9am-6pm McKinney 2pm-11p Behrens 5pm-2am Farris 10:30pm-7:30am Bales 8am-4pm Williams 4pm-12a Baldwin	7am-4pm Walkotte 9am-6pm Smith 2pm-11p Wedig 5pm-2am Baldwin 10:30pm-7:30am Behrens 10am-5pm Nevels 5pm-12pm Brummett
26	27	28	29	30	31	1
7am-4pm Walkotte 9am-6pm Smith 2pm-11p Nevels 5pm-2am Baldwin 10:30pm-7:30am Brummett 10am-5pm Farris 5pm-12pm McKinney	7am-4pm Iden 9am-6pm Hinkelman 2pm-11p Shayesteh 5pm-2am McKinney 10:30pm-7:30am Brummett 8am-4pm McDivitt 4pm-12a Nevels	7am-4pm Iden 9am-6pm Bales 2pm-11p Farris 5pm-2am Shayesteh 10:30pm-7:30am McKinney 8am-4pm McDivitt 4pm-12a Hinkelman	7am-4pm Nevels 9am-6pm Bales 2pm-11p Baldwin 5pm-2am Shayesteh 10:30pm-7:30am McKinney 10am-5pm McDivitt 5pm-12pm Hinkelman	7am-4pm Behrens 9am-6pm Nevels 2pm-11p Iden 5pm-2am Bales 10:30pm-7:30am Baldwin 8am-4pm McDivitt 4pm-12a Shayesteh	7am-4pm Brummett 9am-6pm Hinkelman 2pm-11p Nevels 5pm-2am Behrens 10:30pm-7:30am Baldwin 8am-4pm McDivitt 4pm-12a Iden	

Schedule	Violations	Cover Violations	Stats	Shift Distribution		
August 2015 (Send to Edit Schedule)						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	31	1
						7am-4pm Bales 9am-6pm Smith 2pm-11p Farris 5pm-2am Behrens 10:30pm-7:30am Nevels 10am-5pm Brummett 5pm-12pm McDivitt
2	3	4	5	6	7	8
7am-4pm Bales 9am-6pm Smith 2pm-11p Wedig 5pm-2am Farris 10:30pm-7:30am Behrens 10am-5pm Brummett 5pm-12pm McDivitt	7am-4pm Bales 9am-6pm Hinkelman 2pm-11p Swarm 5pm-2am Farris 10:30pm-7:30am Walkotte 8am-4pm Williams 4pm-12a Brummett	7am-4pm Bales 9am-6pm Nevels 2pm-11p Hinkelman 5pm-2am McKinney 10:30pm-7:30am Walkotte 8am-4pm Williams 4pm-12a Brummett	7am-4pm Behrens 9am-6pm Nevels 2pm-11p Hinkelman 5pm-2am Wedig 10:30pm-7:30am Walkotte 10am-5pm McDivitt 5pm-12pm Farris	7am-4pm Behrens 9am-6pm Shayesteh 2pm-11p McKinney 5pm-2am Wedig 10:30pm-7:30am Farris 8am-4pm McDivitt 4pm-12a Hinkelman	7am-4pm Nevels 9am-6pm Brummett 2pm-11p Shayesteh 5pm-2am Wedig 10:30pm-7:30am Farris 8am-4pm Williams 4pm-12a Behrens	7am-4pm Hinkelman 9am-6pm Nevels 2pm-11p Brummett 5pm-2am Shayesteh 10:30pm-7:30am Wedig 10am-5pm Harrison 5pm-12pm Williams
9	10	11	12	13	14	15
7am-4pm Walkotte 9am-6pm Hinkelman 2pm-11p Brummett 5pm-2am Nevels 10:30pm-7:30am McKinney 10am-5pm Farris 5pm-12pm Shayesteh	7am-4pm Walkotte 9am-6pm Hinkelman 2pm-11p Farris 5pm-2am Iden 10:30pm-7:30am McKinney 8am-4pm McDivitt 4pm-12a Nevels	7am-4pm Smith 9am-6pm Behrens 2pm-11p Walkotte 5pm-2am Iden 10:30pm-7:30am McKinney 8am-4pm McDivitt 4pm-12a Bales	7am-4pm Wedig 9am-6pm Behrens 2pm-11p Walkotte 5pm-2am Smith 10:30pm-7:30am Iden 10am-5pm Williams 5pm-12pm Bales	7am-4pm Hinkelman 9am-6pm Wedig 2pm-11p Behrens 5pm-2am Nevels 10:30pm-7:30am Iden 8am-4pm McDivitt 4pm-12a Smith	7am-4pm Walkotte 9am-6pm Wedig 2pm-11p McKinney 5pm-2am Hinkelman 10:30pm-7:30am Smith 8am-4pm Williams 4pm-12a Kim Weber	7am-4pm Behrens 9am-6pm Walkotte 2pm-11p Bales 5pm-2am Nevels 10:30pm-7:30am Hinkelman 10am-5pm Williams 5pm-12pm McDivitt
16	17	18	19	20	21	22
7am-4pm Shayesteh 9am-6pm Walkotte 2pm-11p Behrens 5pm-2am Bales 10:30pm-7:30am Hinkelman 10am-5pm Williams 5pm-12pm McDivitt	7am-4pm Farris 9am-6pm Shayesteh 2pm-11p Iden 5pm-2am Behrens 10:30pm-7:30am Bales 8am-4pm Williams 4pm-12a Walkotte	7am-4pm Smith 9am-6pm Farris 2pm-11p Nevels 5pm-2am Shayesteh 10:30pm-7:30am Behrens 8am-4pm Williams 4pm-12a Iden	7am-4pm Baldwin 9am-6pm Swarm 2pm-11p Farris 5pm-2am Shayesteh 10:30pm-7:30am Nevels 10am-5pm Williams 5pm-12pm McDivitt	7am-4pm Baldwin 9am-6pm Iden 2pm-11p Swarm 5pm-2am Farris 10:30pm-7:30am Brummett 8am-4pm Williams 4pm-12a Wedig	7am-4pm Hinkelman 9am-6pm McKinney 2pm-11p Iden 5pm-2am Smith 10:30pm-7:30am Brummett 8am-4pm Williams 4pm-12a Baldwin	7am-4pm Farris 9am-6pm McKinney 2pm-11p Hinkelman 5pm-2am Smith 10:30pm-7:30am Brummett 10am-5pm Short
23	24	25	26	27	28	29
7am-4pm Farris 9am-6pm Baldwin 2pm-11p Behrens 5pm-2am Hinkelman 10:30pm-7:30am Wedig 10am-5pm Harrison 5pm-12pm McKinney	7am-4pm Iden 9am-6pm Farris 2pm-11p Baldwin 5pm-2am Behrens 10:30pm-7:30am Smith 8am-4pm McDivitt 4pm-12a Kim Weber	7am-4pm McKinney 9am-6pm Bales 2pm-11p Brummett 5pm-2am Baldwin 10:30pm-7:30am Farris 8am-4pm McDivitt 4pm-12a Iden	7am-4pm McKinney 9am-6pm Shayesteh 2pm-11p Bales 5pm-2am Brummett 10:30pm-7:30am Iden 10am-5pm McDivitt 5pm-12pm Baldwin	7am-4pm Wedig 9am-6pm McKinney 2pm-11p Shayesteh 5pm-2am Walkotte 10:30pm-7:30am Bales 8am-4pm McDivitt 4pm-12a Hinkelman	7am-4pm Nevels 9am-6pm Wedig 2pm-11p Farris 5pm-2am Baldwin 10:30pm-7:30am Shayesteh 8am-4pm McDivitt 4pm-12a McKinney	7am-4pm Brummett 9am-6pm Smith 2pm-11p Nevels 5pm-2am Baldwin 10:30pm-7:30am Shayesteh 10am-5pm Iden 5pm-12pm Walkotte
30	31	1	2	3	4	5
7am-4pm Brummett 9am-6pm Smith 2pm-11p Nevels 5pm-2am Walkotte 10:30pm-7:30am Baldwin 10am-5pm McDivitt 5pm-12pm Bales	7am-4pm Brummett 9am-6pm Iden 2pm-11p Wedig 5pm-2am Bales 10:30pm-7:30am Baldwin 8am-4pm McDivitt 4pm-12a Smith					

Schedule	Violations	Cover Violations	Stats	Shift Distribution		
September 2015 (Send to Edit Schedule)						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	31	1	2	3	4	5
		7am-4pm Brummett 9am-6pm Farris 2pm-11p Walkotte 5pm-2am Wedig 10:30pm Smith 7:30am McDivitt 4pm-12a Iden	7am-4pm Bales 9am-6pm Behrens 2pm-11p McKinney 5pm-2am Walkotte 10:30pm Wedig 7:30am Williams 5pm Iden 5pm-12pm Iden	7am-4pm Nevels 9am-6pm Behrens 2pm-11p Hinkelman 5pm-2am McKinney 10:30pm Wedig 7:30am McDivitt 4pm-12a Farris	7am-4pm Iden 9am-6pm Walkotte 2pm-11p Nevels 5pm-2am Brummett 10:30pm Hinkelman 7:30am McDivitt 4pm-12a Farris	7am-4pm Behrens 9am-6pm Walkotte 2pm-11p Iden 5pm-2am Brummett 10:30pm Hinkelman 7:30am Williams 5pm-12pm Smith
6	7	8	9	10	11	12
7am-4pm Behrens 9am-6pm Farris 2pm-11p Iden 5pm-2am Nevels 10:30pm Hinkelman 7:30am Walkotte 10am-5pm Brummett 12pm	7am-4pm Smith 9am-6pm McKinney 2pm-11p Farris 5pm-2am Behrens 10:30pm Iden 7:30am Shayesteh 8am-4pm Williams 4pm-12a Williams	7am-4pm Bales 9am-6pm Smith 2pm-11p Shayesteh 5pm-2am Farris 10:30pm Behrens 7:30am Williams 8am-4pm Brummett 4pm-12a Brummett	7am-4pm Nevels 9am-6pm Swarm 2pm-11p Bales 5pm-2am Farris 10:30pm Shayesteh 7:30am Williams 10am-5pm McDivitt 5pm-12pm	7am-4pm Walkotte 9am-6pm Smith 2pm-11p Swarm 5pm-2am Bales 10:30pm Shayesteh 7:30am Williams 8am-4pm McKinney 4pm-12a McKinney	7am-4pm Wedig 9am-6pm Smith 2pm-11p Nevels 5pm-2am McKinney 10:30pm Farris 7:30am McDivitt 4pm-12a Behrens	7am-4pm Brummett 9am-6pm Walkotte 2pm-11p Nevels 5pm-2am Behrens 10:30pm Farris 7:30am Wedig 10am-5pm McDivitt 5pm-12pm
13	14	15	16	17	18	19
7am-4pm Bales 9am-6pm Brummett 2pm-11p Walkotte 5pm-2am Behrens 10:30pm Smith 7:30am Wedig 10am-5pm McDivitt 5pm-12pm	7am-4pm McKinney 9am-6pm Hinkelman 2pm-11p Brummett 5pm-2am Bales 10:30pm Behrens 7:30am Williams 8am-4pm Kim 4pm-12a Weber	7am-4pm Nevels 9am-6pm McKinney 2pm-11p Wedig 5pm-2am Iden 10:30pm Bales 7:30am Williams 8am-4pm Hinkelman 4pm-12a Hinkelman	7am-4pm Smith 9am-6pm Nevels 2pm-11p McKinney 5pm-2am Wedig 10:30pm Bales 7:30am McDivitt 10am-5pm Hinkelman 5pm-12pm	7am-4pm Brummett 9am-6pm Nevels 2pm-11p Smith 5pm-2am Walkotte 10:30pm McKinney 7:30am McDivitt 8am-4pm Shayesteh 4pm-12a Shayesteh	7am-4pm Baldwin 9am-6pm Farris 2pm-11p Brummett 5pm-2am Shayesteh 10:30pm Walkotte 7:30am McDivitt 8am-4pm Williams 4pm-12a Williams	7am-4pm Baldwin 9am-6pm Wedig 2pm-11p Iden 5pm-2am Shayesteh 10:30pm Walkotte 7:30am Williams 10am-5pm Bales 5pm-12pm
20	21	22	23	24	25	26
7am-4pm Farris 9am-6pm Wedig 2pm-11p Behrens 5pm-2am Baldwin 10:30pm Iden 7:30am Harrison 10am-5pm Shayesteh 5pm-12pm	7am-4pm Farris 9am-6pm Bales 2pm-11p Hinkelman 5pm-2am Brummett 10:30pm Iden 7:30am McDivitt 8am-4pm Behrens 4pm-12a Behrens	7am-4pm Farris 9am-6pm Bales 2pm-11p Wedig 5pm-2am Hinkelman 10:30pm Brummett 7:30am McDivitt 8am-4pm Behrens 4pm-12a Behrens	7am-4pm McKinney 9am-6pm Baldwin 2pm-11p Walkotte 5pm-2am Nevels 10:30pm Brummett 7:30am McDivitt 10am-5pm Hinkelman 5pm-12pm	7am-4pm McKinney 9am-6pm Baldwin 2pm-11p Farris 5pm-2am Nevels 10:30pm Brummett 7:30am McDivitt 8am-4pm Walkotte 4pm-12a Walkotte	7am-4pm Hinkelman 9am-6pm Bales 2pm-11p Farris 5pm-2am Baldwin 10:30pm Nevels 7:30am Williams 8am-4pm Kim 4pm-12a Weber	7am-4pm Iden 9am-6pm Hinkelman 2pm-11p Bales 5pm-2am Farris 10:30pm Nevels 7:30am Short 10am-5pm
27	28	29	30	1	2	3
7am-4pm Shayesteh 9am-6pm Iden 2pm-11p Baldwin 5pm-2am McKinney 10:30pm Farris 7:30am Hinkelman 10am-5pm Smith 5pm-12pm	7am-4pm Shayesteh 9am-6pm Iden 2pm-11p Baldwin 5pm-2am Smith 10:30pm McKinney 7:30am Williams 8am-4pm McDivitt 4pm-12a McDivitt	7am-4pm Hinkelman 9am-6pm Shayesteh 2pm-11p Wedig 5pm-2am Smith 10:30pm Baldwin 7:30am Williams 8am-4pm McDivitt 4pm-12a McDivitt	7am-4pm Hinkelman 9am-6pm Brummett 2pm-11p Shayesteh 5pm-2am Smith 10:30pm Baldwin 7:30am McDivitt 10am-5pm Williams 5pm-12pm			

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Level Application

<u>Name</u>	<u>Board Certification Type/Expiration</u>	<u>ATLS Status</u> (In=Instructor, P=Provider) <u>Expiration Date</u>
<i>Example:</i>	<i>Emergency Medicine, 1/23/2017</i>	<i>In, 7/12/14</i>
John Q. Smith, MD	Emergency Medicine, 12/31/2024	P-expired
Michael Baldwin, MD	Emergency Medicine, 12/31/2017	P-expired
Jennifer Bales, MD	Emergency Medicine, 12/31/2018	P-expired
Jennifer Behrens, MD	Emergency Medicine, 12/31/2017	P-expired
Christine Farris, MD	Emergency Medicine, 12/31/2023	P-expired
Linda Hinkelman, MD	Emergency Medicine, 12/31/2018	P-expired
Samuel Iden, MD	Emergency Medicine, 12/31/2021	P-expired
Thomas McKinney, MD	Emergency Medicine, 12/31/2015	P-expired
Richard Nevels, MD	Emergency Medicine, 12/31/2023	P-expired
Michael Smith, MD	Emergency Medicine, 12/31/2015	P-expired
Amid Shayesteh, MD	Emergency Medicine, 12/31/2017	P-expired
Steven Walkotte, MD	Emergency Medicine, 12/31/2015	P-expired
Kenneth Wedig, MD		
**All ED physicians have had ATLS at least once, none are current.		

Jamie Renee Brummett, M.D.

Post-Graduate Medical Education

Indiana University Emergency Medicine Residency Program July 2006- June 2009
Indianapolis, Indiana
*Clarian Health Methodist Hospital Emergency Medicine and Trauma Center
*Wishard Memorial Hospital

Education

Indiana University School of Medicine August 2002-May 2006
Indianapolis, Indiana
Doctor of Medicine
Alpha Omega Alpha
Gold in Humanism Society

Southwestern College August 1998- May 2001
Winfield, Kansas
Summa cum laude, Bachelor of Science in Biology
Class Valedictorian

Licensure and Certification

Medical Licensing Board- Indiana Physician License (01064042A) July 2007- present
National Provider Identifier (1316117864) July 2007- present

Residency Activities

Associate Medical Director, Wayne Township, Indianapolis, IN EMS June 2008-June 2009
Member, Orientation and Recruitment Committee July 2006- June 2009
2007 and 2008 Senior Banquet Committee member July 2007, 2008
2008 Senior Banquet Emcee July 2008
Pike Field Day (community advocacy) April 2008

Emergency Medicine Work Experience

Reid Health July 2011-present
Staff Physician
Volunteer Assistant Clinical Professor of Emergency Medicine
Emergency Medicine Physician Trauma Liaison
Richmond, Indiana
49,000 visits/year, 38 beds

Clarian West Medical Center July 2009-June 2011
Staff Physician
Coordinator for Community Medicine Rotation for EM residents
Avon, Indiana
42,000 visits/year, 22 beds

Jamie R. Brummett, M.D.

Methodist Hospital Emergency Medicine and Trauma Center Resident Physician Indianapolis, Indiana Level 1 Trauma Center. 100,000 visits/ year, 60 beds	July 2006- June 2009
Wishard Memorial Hospital Resident Physician Indianapolis, Indiana Level 1 Trauma Center, 95,000 visits/ year, 79 beds	July 2006- June 2009
Lifeline Aeromedical Transport Flight Physician Critical Care Transport, 1500 flights/year	July 2006- Oct 2008
Emergency Medicine Group, Inc Methodist Hospital Fast Track Physician Urgent Medical Care, 30,000 visits/ year Staff Physician	July 2007- June 2009
Indianapolis Colts Football Resident Physician	Fall 2007, 2008
Indianapolis Motor Speedway Resident Physician	Fall 2008

Publications

Brummett J., Wilbur L., Bartkus E., Messina F., Cooper, D., Huffman G. What is 'Procedural Competence?' A comparison between the number of procedures performed by Emergency Medicine residents and their reported procedural competence? Presented at regional SAEM meeting in Coralville, Iowa, September 29, 2008.

Brummett J. Abdominal Pain: A Case Study. EM Pulse, an Indiana ACEP publication. Fall 2008

Presentations and Lectures—Indianapolis

Endocrine Emergencies, EM Grand Rounds	March 2008
Cardiovascular Trauma, EM Grand Rounds	August 2008
Drowning, Pediatric Grand Rounds	July 2007
Morbidity and Mortality Series	Sept. 07/'08'
Ultrasound in the Undifferentiated Hypotensive Patient, Journal Series	May 2008
Ciguatera Toxin, Toxicology Grand Rounds	February 2008
Toxicology Emergencies, Medical Student Lecture Series	August 2007
Medical Student Suture Lab, Medical Student Lecture Series	February 2008

Jamie R. Brummett, M.D.

Abdominal Pain, Medical Student Lecture Series	May 2008
Case Conference, Medical Student Lecture Series	August 2008
Pediatric Emergencies, EMS Lecture Series	August 2007
Marion County Protocol Update, EMS Lecture Series	June 2008

Professional Organizations

American College of Emergency Physicians (ACEP)	2006-present
Indiana American College of Emergency Physicians (INACEP)	2006- present

Conferences

Indiana ACEP Annual Meeting, Indianapolis, Indiana, April 2007
Indiana ACEP Annual Meeting, Indianapolis, Indiana, April 2008
Indiana ACEP Annual Meeting, Indianapolis, Indiana, April 2009
Indiana ACEP Annual Meeting, Indianapolis, Indiana, May 2013
Indiana ACEP Annual Meeting, Indianapolis, Indiana, May 2014
Indiana ACEP Annual Meeting, Indianapolis, Indiana, May 2015

Personal

Hometown: Seymour, Indiana
Date of Birth: August 6, 1980
Spouse: Chris Brummett
Children: two sons, Eli and Will

References

Carey D. Chisholm, M.D., F.A.A.E.M.
Co-Director, Indiana University Emergency Medicine Residency
I-65 at 21st Street
PO Box 1367
Indianapolis, Indiana, 46202-1367
Phone: (317) 962-5975
Email: cchisholm@clarian.org

Sam Iden, M.D.

Director of Emergency Medicine of Eastern Indiana at Reid Health
1100 Reid Pkwy
Richmond, Indiana 47374
Phone: (765) 983-3144
Email: Samuel.Iden@reidhealth.org

Jennifer, Bales, M.D.

Emergency Medicine Staff Physician at Reid Health
Section Chief of Emergency Medicine
1100 Reid Pkwy


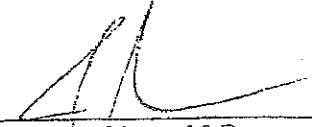
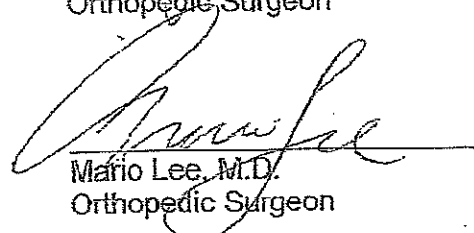
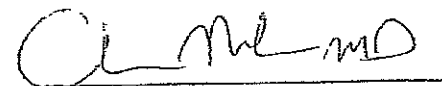
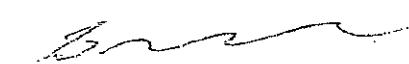
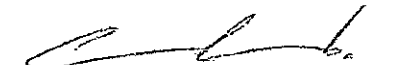
Jamie R. Brummett, M.D.




Reid Hospital & Health Care Services

Commitment of Orthopedic Surgery

Reid Health's orthopedic surgeons are committed to providing quality care for the injured patient by ensuring an orthopedic surgeon is on call and promptly available twenty-four (24) hours a day. The surgeons listed below are those that participate in the orthopedic call rotation:


Karl Baird, M.D.
Orthopedic Surgeon
Jonathan Chae, M.D.
Orthopedic Surgeon
Brett Krepps, M.D.
Orthopedic Surgeon
Mario Lee, M.D.
Orthopedic Surgeon
Chris Neher, M.D.
Orthopedic Surgeon
Ganeshan Ramachandran, D.O.
Orthopedic Surgeon
Chad Reed, D.O.
Orthopedic Surgeon

The above orthopedic surgeons provide outstanding orthopedic care to the trauma patients at Reid Health and their participation in the trauma program is authorized by the Trauma Medical Director.


Russell Pruitt, M.D.
Trauma Medical Director
Reid Health Trauma Services

July 2015

July 2015							August 2015						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28
29	30	31											

Sunday		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Jun 28	29	30	Jul 1	2	3	4	
				REED	RAMA PRUITT	KREPPS	
5	6	7	8	9	10	11	
KREPPS	REED	KREPPS	NEHER	REED	REED	RAMA ECKERLE	
12	13	14	15	16	17	18	
RAMA ECKERLE	BAIRD	KREPPS	REED	RAMA COMER	LEE		
19	20	21	22	23	24	25	
LEE	NEHER ECKERLE	LEE	NEHER ECKERLE	RAMA ECKERLE		NEHER ECKERLE	
26	27	28	29	30	31	Aug 1	
NEHER ECKERLE	BAIRD	LEE	REED	LEE	REED		

September 2013

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						REED
2	3	4	5	6	7	8
REED	RAMA HARTMAN	LEE	NEHER	BAIRD	KREPPS	
9	10	11	12	13	14	15
KREPPS	BAIRD	KREPPS	REED	RAMA FOSTER	BAIRD	
16	17	18	19	20	21	22
BAIRD	REED	LEE	NEHER	LEE		RAMA COMER
23	24	25	26	27	28	29
RAMA COMER	BAIRD	KREPPS	REED	RAMA COMER		KREPPS PRUITT
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KREPPS PRUITT	BAIRD					

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September 2015

September 2015						
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October 2015						
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September 2015						
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		LEE	RAMA PRUITT	REED		LEE
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REED COMER	CHAE	Rama Rounds: Foster LEE	KREPPS			

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Reid Health
Trauma Services
Richmond, IN

POLICY NUMBER: ES
PAGE: 1 of 2
EFFECTIVE: March 1, 2015

SUBJECT: Neuro-Trauma Transfer Guidelines

POLICY: To provide uniform and effective guidelines for severely injured neuro-trauma patients for neurosurgical assessment and treatment or for who transfer to a Level I or II Trauma Center should be immediately considered.

PURPOSE: To expedite the timely transfer of appropriate patients to the closest Level I or Level II Trauma Center, this is the specialty referral center for these injuries. Patients who are under 15 years of age should be transported to a pediatric trauma center.

GUIDELINES:

A severely injured neurotrauma patient will be defined as a patient that exhibits one or more of the following indications.

INDICATIONS FOR HEAD INJURY TRANSFER

Presence of any one symptom below:

1. Patients with focal or lateralizing signs, such as hemiparesis or posturing due to trauma.
2. Patients with penetrating cranial injury, including gunshot wounds or depressed skull fractures
3. GCS equal to or less than 8 with head injury.
4. Hemodynamic instability (SBP less than 90 with head injury)
5. Hypoxia (apnea or cyanosis in the field, PaO2 less than 60 with head injury)

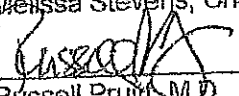
PROCEDURE:

1. The emergency physician completes primary survey, upon determination of possible head or spinal injury, the physician will:
 - Promptly contact an accepting Level I or II Trauma Center for neuro-trauma transfer.
2. Upon acceptance of transfer, the emergency physician will consider:
 - Ensure chest tubes are placed in the presence of pneumothorax.
 - Ensure at least two IV lines are established.
 - Consider securing the airway with an endotracheal tube, LMA or surgical airway if GCS <11.
 - Any other life saving measure.
 - Consider sending additional blood, equipment and supplies (medications, fluids, etc.) that the patient may need en route if not available in the transporting vehicle.

3. The transfer will be completed in compliance with the Emergency Medical Treatment and Active Labor Act (EMTALA), refer to administrative policy 65 Patient Transfers.
4. Copies of all available documentation should accompany the patient including but not limited to: X-ray & CT scans/results, lab results, provider documentation, and transfer forms.

Prepared by: Ryan Williams, RN, BSN, CEN, CFRN, EMT-P
Trauma Program Manager

Reviewed by: Nursing Best Practice
Melissa Stevens, Chair

Approved by: 
Russell Pruitt, M.D.
Trauma Medical Director
Reid Health Trauma Services

References:

Resources for Optimal Care of the Injured Patient, American College of Surgeons, Chapter 8,
Page 1-5, 2014




Transfer of Neuro-Trauma Patients

For transfer agreements with Level I Trauma Centers please see the next section.

A handwritten signature in cursive script, appearing to read "Ryan Williams", is written over a horizontal line.

Ryan Williams, RN
Trauma Program Manager
Reid Health Trauma Services

 Reid Hospital & Health Care Services	Patient Transfers
	POLICY NUMBER: 65
POLICY OWNER: Leah Heady	
REVISION DATE: 6/20/2013	
APPROVED BY: N/A	
REFERENCES: N/A	

PURPOSE: To ensure Reid Hospital & Health Care Services' compliance with Consolidated Omnibus Budget Reconciliation Act of 1995 (COBRA) and Emergency Medical Treatment and Active Labor Act (EMTALA) and provide examination and treatment for emergency medical conditions and women in labor, regardless of ability to pay.

POLICY:

Every patient presenting to Reid Hospital must receive an appropriate medical screening. This screening must be within the hospital's capability and will be utilized to ensure that transfers occur only when the patient is stabilized or when the transfer is in the patient's best interest.

When a patient is diagnosed as having an emergency medical condition or a woman is diagnosed as being in labor, the hospital must restrict any transfer until the patient is stabilized unless the transfer is in the best interest of the patient.

All transfers must be appropriate and the receiving facility must have the space, capabilities and personnel to treat the patient and agree to accept the patient for treatment.

Definitions:

1. Transfer is defined as the movement of a patient outside the hospital facilities at the direction of the physician who provides the screening examination unless the patient leaves without the permission of that physician or has been declared dead. If the patient leaves the hospital alive and not against medical advice (AMA) it is considered a transfer.

2. Appropriate medical screening examinations include an examination by a physician and exams within the capability of the hospital (including ancillary services routinely available) to determine whether an emergency medical condition or labor exists.

3. Emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- a. placing the health of the patient in serious jeopardy;
- b. serious impairment to bodily functions; and
- c. serious dysfunction of any bodily organ or part.

4. Active labor means labor at a time when delivery is imminent:

- a. there is inadequate time to effect a safe transfer to another facility before delivery;
- b. transfer may pose a threat to the health and/or safety of the woman or unborn child.

5. Responsible physician is one who provides examination or treatment to the patient or who actually approves the transfer of the patient and who is under contract to the hospital.

Under contract includes physicians who have a written or oral agreement with Reid to take professional responsibility for individuals seeking emergency care whether or not the physician is compensated for these services. On call physicians are under such an agreement.

6. Appropriate transfers are those in which:

- a. the transfer is in the best interest of the patient;
- b. informed consent has been obtained following a discussion with the patient and/or family of the benefits and risks;
- c. the receiving facility has available space and qualified personnel for the treatment of the patient;
- d. the receiving facility has agreed to accept the transfer of the patient and to provide appropriate medical care;
- e. the transfer is effected through qualified personnel and proper transportation equipment; and
- f. Reid provides the receiving facility with copies of medical records of the screening examination, tests and treatments provided.

Criteria to Determine Appropriate Transfer:

1. An appropriate medical screening examination has been completed.
2. All necessary care to stabilize the patient has been provided.

OR

3. It has been determined that Reid is not capable of providing the required care and a transfer is in the best interest of the patient.

Procedure for Appropriate Transfer:

1. Transfer order is written by responsible physician.
2. Benefits and risks of transfer are documented and explained to patient and/or family.
3. Advance acceptance is obtained from receiving facility and is documented. Documentation includes facility, acceptance, by whom, at what time acceptance will occur.
4. Informed consent is obtained from patient (See administrative policy #4 "Consent").
If the patient is incapable of signing the consent, see administrative policy #77 "Legal Authority to Sign" for instructions on who should sign.
5. Copies of all medical records and reports are sent with the patient.
6. Medical personnel and life support equipment are sent as needed and are documented.
7. Discharge assessment is documented.

PATIENT TRANSFER AGREEMENT

This Patient Transfer Agreement ("Agreement") is by and between the Health and Hospital Corporation of Marion County d/b/a Eskenazi Health and Reid Hospital & Health Care Services, Inc. ("Facility"), (collectively referred to as "Institutions").

Eskenazi Health is a comprehensive public health care system with facilities and services including a hospital, outpatient clinics, The Kathi & Bob Postlethwait Mental Health Recovery Center, outpatient mental health services, Smith Level I Shock Trauma Center, and the Richard M. Fairbanks Burn Center.

Facility is a not-for-profit hospital/facility.

Eskenazi Health and Facility have determined that it would be in the best interest of patient care and would promote the optimum use of facilities to enter into a transfer agreement for transfer of patients between the respective Institutions.

Eskenazi Health and Facility therefore agree as follows:

1. **Term.** This Agreement shall become effective beginning August 12, 2014 ("Effective Date") and shall remain in effect for a period of one year from the Effective Date, upon which date the Agreement will automatically renew for additional one-year periods.
2. **Purpose of Agreement.** Each Institution agrees to transfer to the other Institution and to receive from the other Institution patients in need of the care provided by their respective Institutions for the purpose of providing improved patient care and continuity of patient care.
3. **Patient Transfer to Eskenazi Health.** The request for transfer of a patient from Facility to Eskenazi Health shall be initiated by the patient's attending physician. Any authorized member of Eskenazi Health's medical staff may authorize a transfer when the patient in question needs Level 1 Shock Trauma Services (including but not limited to interventional radiology, orthopedic trauma, and/or the services of the Burn Unit) and if Eskenazi Health has an appropriate bed available. This Agreement does not confer priority to or guarantee the acceptance of Facility's patients. All other requests for patient transfers to Eskenazi Health shall be referred to the Patient Placement/House Supervisor. Prior to moving the patient, Facility must receive confirmation from Eskenazi Health that it can accept the patient, and there must be direct communication between the referring and receiving physician. Patients shall be delivered to Sidney & Lois Eskenazi Hospital.
4. **Patient Transfer to Facility.** The request for transfer of a patient from Eskenazi Health to Facility shall be initiated by the patient's attending physician. Any authorized member of Facility's medical staff may authorize a transfer if Facility has an

appropriate bed available. Prior to moving the patient, Eskenazi Health must receive confirmation from Facility that it can accept the patient, and there must be direct communication between the referring and receiving physician. Patients shall be delivered to Facility.

5. *Patient Records and Personal Effects.* Each of the Institutions agrees to adopt standard forms of medical and administrative information to accompany the patient from one Institution to the other. The information shall include, when appropriate, the following:

- A. Patient's name, address, hospital number, and age; name, address, and telephone number of the patient's legal guardian (if applicable);
- B. Patient's third-party billing data;
- C. History of the injury or illness;
- D. Condition on admission;
- E. Vital signs prehospital, during stay in emergency department, and at time of transfer;
- F. Treatment provided to patient; including medications given and route of administration;
- G. Laboratory and X-ray findings, including films;
- H. Fluids given, by type and volume;
- I. Name, address, and phone number of physician referring patient;
- J. Name of physician in receiving Institution to whom patient is to be transferred; and
- K. Name of physician at receiving Institution who has been contacted about patient.
- L. Specialized needs and dietary restrictions;

Each Institution shall supplement the above information as necessary for the maintenance of the patient during transport and treatment upon arrival at the receiving Institution, and the Institutions shall work together to reduce repetition of diagnostic tests. Transfers of Protected Health Information (PHI) shall comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

In addition, each Institution agrees to adopt a standard form to inventory a patient's personal effects and valuables that shall accompany the patient during transfer. The records described above shall be placed in the custody of the person in charge of the transporting medium who shall sign a receipt for the medical records and the patient's valuables and personal effects and in turn shall obtain a receipt from the receiving Institution when it receives the records and the patient's valuables and personal effects. The transferring Institution shall bear responsibility for the loss of the patient's personal effects and valuables unless it can produce an authorized receipt for the personal effects and valuables from the accepting Institution.

6. *EMTALA Compliance and Transfer Consent.* The transferring Institution shall have responsibility for meeting the requirements for an "appropriate transfer" under the Emergency Medical Treatment and Active Labor Act (EMTALA), if applicable. The transferring Institution is responsible for performing a medical screening exam to determine if the patient has an emergency medical condition. If the patient has an emergency medical condition, and the transferring Institution does not have the capability or capacity to stabilize the patient prior to transfer, the transferring Institution shall make an appropriate transfer pursuant to EMTALA regulations. The transferring Institution is responsible for assessing the risks and benefits of the transfer and obtaining the patient's consent to be transferred to the other Institution prior to the transfer, if the patient is competent. If the patient is not competent, the transferring Institution shall obtain a family member's consent; if such consent is not possible, the consent of the patient's physician shall be obtained by the transferring Institution.

7. *Payment for Services.* Unless otherwise agreed to in writing by and between the Institutions, and except to the extent that such liability would exist separate and apart from this Agreement, a) the patient is primarily responsible for payment for care received at either Institution, b) each Institution shall be responsible only for collecting its own payment for services rendered to the patient and c) no clause of this Agreement shall be interpreted to authorize either Institution to look to the other to pay for services rendered to a patient transferred by virtue of this Agreement.

8. *Transportation of Patient.* The transferring Institution shall have responsibility for arranging transportation of the patient to the other Institution, including selection of the mode of transportation and providing appropriate health care practitioner(s) to accompany the patient if necessary. The receiving Institution's responsibility for the patient's care shall begin when the patient is admitted, either as an inpatient or an outpatient, to that Institution.

9. *Advertising and Public Relations.* Neither Institution shall use the name of the other Institution in any promotional or advertising material unless review and approval of the intended advertisement first shall be obtained from the party whose name is to be used. Both Institutions shall deal with each other publicly and privately in an atmosphere of mutual respect and support, and each Institution shall maintain good public and patient relations and efficiently handle complaints and inquires with respect to transferred or transferring patients.

10. *Independent Contractor Status.* Both Institutions are independent contractors. Neither Institution is authorized or permitted to act as an agent or employee of the other. Nothing in this Agreement shall in any way alter the freedom enjoyed by either Institution, nor shall it in any way alter the control of the management, assets, and affairs of the respective Institutions. Neither party, by virtue of this Agreement, assumes any liability for any debts or obligations of either a financial or a legal nature incurred by the other party to this Agreement.

11. *Liability.* Facility shall save, indemnify, and hold Eskenazi Health harmless of and from any and all liability, loss, costs, and expenses incurred directly or indirectly from any acts, errors, or omissions by Facility, its agents, employees or invitees from any cause arising out of or relating to Facility's performance under this Agreement.

Eskenazi Health shall save, indemnify, and hold Facility harmless of and from any and all liability, loss, costs, and expenses incurred directly or indirectly from any acts, errors, or omissions by Eskenazi Health, its agents, employees or invitees from any cause arising out of or relating to Eskenazi Health's performance under this Agreement.

Any obligation of Eskenazi Health to save and hold Facility harmless is limited in substance by statutes designed to protect and limit the exposure and liability of Eskenazi Health as an instrumentality of the State of Indiana under the Indiana Tort Claims Act and as a qualified health care provider under the Indiana Medical Malpractice Act.

12. *Exclusion.* Institutions represent and warrant that the Institution, its employees, directors, officers, subcontractors, and agents are not under sanction and/or have not been excluded from participation in any federal or state program, including Medicare or Medicaid.

13. *Insurance.* Each Institution shall maintain at all times throughout the term of this Agreement commercially reasonable insurance, including but not limited to, comprehensive general liability insurance, professional liability insurance, and property damage insurance. Upon request, each Institution shall provide the other with written documentation evidencing such insurance coverage.

14. *Termination.*

A. *Voluntary Termination.* This Agreement shall be terminated by either party for any reason, by giving thirty (30) days' written notice of its intention to withdraw from this Agreement, and by ensuring the continuity of care to patients who already are involved in the transfer process. To this end, the terminating party will be required to meet its commitments under the Agreement to all patients for whom the other party has begun the transfer process in good faith.

B. *Involuntary Termination.* This Agreement shall be terminated immediately upon the occurrence of any of the following:

1. Either Institution is destroyed to such an extent that the patient care provided by such Institution cannot be carried out adequately;
2. Either Institution loses its license or accreditation;
3. Either Institution no longer is able to provide the service for which this Agreement was sought; and
4. Either Institution is in default under any of the terms of this Agreement.
5. Either Institution have been debarred, excluded or otherwise determined ineligible from participation in any federal or state program, including Medicare and Medicaid.

14. *Nonwaiver.* No waiver of any term or condition of this Agreement by either party shall be deemed a continuing or further waiver of the same term or condition or a waiver of any other term or condition of this Agreement.

15. *Governing Law.* This Agreement is governed by the laws of the State of Indiana. Any litigation arising out of this Agreement shall be brought in a court located in Marion County, Indiana.

16. *Assignment.* This Agreement shall not be assigned in whole or in part by either party without the express written consent of the other party.

17. *Invalid Provision.* In the event that any portion of this Agreement shall be determined to be invalid or unenforceable, the remainder of this Agreement shall be deemed to continue to be binding upon the parties in the same manner as if the invalid or unenforceable provision were not a part of this Agreement.

18. *Amendment.* This Agreement may be amended at any time by a written agreement signed by the parties.

19. *Notice.* Any notice required or allowed to be given under this Agreement shall be deemed to have been given upon deposit in the United States mail, registered or certified, with return receipt requested. Any and all notices are to be addressed as follows:

ESKENAZI HEALTH:

Eskenazi Health

Attn: Legal Department

720 Eskenazi Avenue
FOB 5th Floor
Indianapolis, IN 46202

Reid Hospital & Health Care Services
(Facility)
1100 Reid Parkway, Richmond IN 47374
Attn: Kay Cartwright

20. **Entire Agreement.** This Agreement constitutes the entire agreement between the parties and contains all of the agreements between them with respect to its subject matter and supersedes any and all other agreements, either oral or in writing, between the parties to the Agreement with respect to the subject matter of this Agreement.

21. **Binding Agreement.** This Agreement shall be binding upon the successors or assigns of the parties.

22. **Authorization for Agreement.** The execution and performance of this Agreement by each Institution has been duly authorized by all necessary laws, resolutions, or corporate actions, and this Agreement constitutes the valid and enforceable obligations of each Institution in accordance with its terms.

Eskenazi Health and Facility are each signing this Agreement on the date stated below that party's signature.

**THE HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY
D/B/A ESKENAZI HEALTH**

Lisa Harris
Lisa Harris, M.D., Chief Executive Officer

Date: 8/6/14

Reid Hospital & Health Care Services Inc. ("FACILITY")

By: Kay Cartwright
Title: VP/Controller of Care/CFO

Date: 8-6-15

**TRANSFER AGREEMENT
BETWEEN
REID HOSPITAL & HEALTH CARE SERVICES, INC.
AND
INDIANA UNIVERSITY HEALTH, INC.**

THIS AGREEMENT is entered into, by and between Reid Hospital and Health Care Services, Inc. d/b/a Reid Health, an Indiana nonprofit corporation (hereinafter "HOSPITAL"), and Indiana University Health, Inc., an Indiana nonprofit corporation (hereinafter "IU Health").

WHEREAS, HOSPITAL is the owner and operator of the Reid Health hospital facility;

WHEREAS, the IU Health Academic Health Center in Indianapolis, Indiana includes IU Methodist Hospital, Riley Hospital for Children and IU University Hospital, a Level I adult trauma center at IU Methodist Hospital, a Level I pediatric trauma center at Riley Hospital, specialized research and teaching institutions, physician group practices and clinics, and other organizations related to the delivery and management of health care services; and

WHEREAS, HOSPITAL wishes to maintain a written agreement with IU Health for timely transfer of patients, including trauma patients, between their facilities;

NOW THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

- I. Autonomy. The parties agree that each shall continue to have the exclusive control of the management, business and properties of their respective facilities, and neither party by virtue of this Agreement assumes any liability for any debts or obligations of the other party to the Agreement.
- II. Transfer of Patients. Whenever a transfer of a patient from HOSPITAL to IU Health is determined by medical staff at HOSPITAL to be medically necessary and appropriate, HOSPITAL shall notify IU Health of the proposed transfer request and provide such medical and personal patient information as necessary and appropriate to assist IU Health in evaluating and assuming the medical care of the patient upon patient's arrival. IU Health and HOSPITAL shall develop and adhere to any necessary protocols to facilitate such communication and transfer. HOSPITAL shall give notice to IU Health as far in advance as reasonably possible of a proposed transfer. HOSPITAL shall arrange for transportation of the patient. IU Health shall not be responsible for the notification and the safe transfer of the patient to the applicable IU Health facility except to the extent that IU Health is actually involved in providing the transport service.
- III. Admission Priorities. Admissions to IU Health shall be in accordance with IU Health's general admission policies and procedures and in accordance with IU Health's Medical Staff Bylaws and Rules and Regulations. IU Health is not required to give priority of admission to patients to be transferred from HOSPITAL over patients from other transferring facilities. IU Health reserves

the right to decline acceptance of a HOSPITAL patient transfer if IU Health is on diversion or otherwise does not have appropriate, available resources to treat the patient.

- IV. Medicare Participation. During the term of this Agreement, and any extensions thereof, HOSPITAL and IU Health agree to meet and maintain all necessary Medicare Conditions of Participation and coverage so as to remain approved providers thereunder. HOSPITAL and IU Health shall each be responsible for complying with all applicable federal and state laws.
- V. Compliance. HOSPITAL and IU Health agree that any services provided under this Agreement will comply in all material respects with all federal and state mandated regulations, rules or orders applicable to IU Health and/or HOSPITAL, including, but not limited, to regulations promulgated under Title II, Subtitle F of the Health Insurance Portability and Accountability Act (Public Law 104-91) - "HIPAA" and Title XVIII, Part D of the Social Security Act (42 U.S.C. § 1395dd) - "EMTALA". Furthermore, HOSPITAL and IU Health shall promptly amend the Agreement to conform with any new or revised legislation, rules and regulations to which HOSPITAL and/or IU Health is subject now or in the future including, without limitation, the Standards of Privacy of Individually Identifiable Health Information or similar legislation (collectively, "Laws") in order to ensure that HOSPITAL and IU Health are at all times in conformance with all Laws. If, within ninety (90) days of either party first providing notice to the other of the need to amend the Agreement to comply with Laws, the parties acting in good faith, are (i) unable to mutually agree upon and make amendments or alterations to this Agreement to meet the requirements in question, or (ii) alternatively, the parties determine in good faith that amendments or alterations to the requirements are not feasible, then either party may terminate this Agreement immediately.
- VI. Interchange of Information and Medical Records. HOSPITAL and IU Health agree to transfer medical and other information and medical records which may be necessary or useful in the care and treatment of patients transferred hereunder as required and permitted by all applicable federal and state laws. Such information shall be provided by HOSPITAL and IU Health in advance, when possible, and where permitted by applicable law. HOSPITAL shall commit to subscribing to a spoke connection to the IU Health Radiology Cloud in order to enhance the timely transmission and reading of diagnostic images at IU Health for transferred patients, particularly trauma patients.
- VII. Consent to Medical Treatment. To the extent available, HOSPITAL agrees to provide IU Health with information and assistance, which may be needed by, or helpful to, IU Health in securing consent for medical treatment for the patient.
- VIII. Transfer of Personal Effects and Valuables. Procedures for effecting the transfer of personal effects and valuables of patients shall be developed by the parties and subject to the instructions of the attending physician and of the patient and his or her family where appropriate. A standard form shall be adopted and used for

documenting the transfer of the patient's personal effects and valuables. HOSPITAL shall be responsible for all personal effects and valuables until such time as possession is accepted by IU Health.

- IX. Financial Arrangements. Each party shall each be responsible for billing and collecting for the services which it provides to the patient transferred hereunder from the patient, third party payor or other sources normally billed by each institution. Neither party shall assume any liability by virtue of this Agreement for any debts or other obligations incurred by the other party to this Agreement.
- X. Return Transfer of Patients. HOSPITAL will accept transferred patients back from IU Health when medically appropriate and in the best interests of the patient.
- XI. Professional and General Liability Coverage. Throughout the term of this Agreement and for any extension(s) thereof, HOSPITAL and IU Health shall each maintain professional and general liability insurance coverage with limits reasonably acceptable to the other party. Each party shall provide the other party with proof of such coverage upon request. HOSPITAL and IU Health shall each maintain qualification as a qualified health care provider under the Indiana Medical Malpractice Act, as amended from time to time, including, but not limited to, proof of financial responsibility and payment of surcharge assessed on all health care providers. Each party shall provide the other party with proof of such qualification upon request.
- XII. Indemnification.
- 12.1. HOSPITAL Indemnification. HOSPITAL agrees that it will indemnify and hold harmless IU Health, its officers, agents, and employees from any loss, cost, damage, expense, attorney's fees, and liability by reason of bodily injury, property damage, or both of whatsoever nature or kind, arising out of or as a result of the sole negligent act or negligent failure to act of HOSPITAL or any of its agents or employees.
- 12.2. IU Health Indemnification. IU Health agrees that it will indemnify and hold harmless HOSPITAL, its officers, agents, and employees from any loss, cost, damage, expense, attorney's fees, and liability by reason of personal injury or property damage of whatsoever nature or kind, arising out of or as a result of the sole negligent act or failure to act of IU Health or any of its employees or agents.
- XIII. Term and Termination.
- 13.1. Term. The term of this Agreement is for a period of one (1) year from the date hereof, with an automatic renewal of successive one (1) year periods unless on or before sixty (60) calendar days prior to the expiration of the annual term, one party notifies the other, in writing, that the Agreement is not to be renewed, in which event the Agreement will be terminated at the expiration of the then current annual term.

13.2. Termination.

13.2-1 Either party may terminate this Agreement with or without cause at any time by providing written notice to the other party at least sixty (60) days in advance of the desired termination date.

13.2-2 The Agreement shall terminate immediately and automatically if (i) either IU Health or HOSPITAL has any license revoked, suspended, or nonrenewed; or (ii) either party's agreement with the Secretary of Health and Human Services under the Medicare Act is terminated.

13.2-3 Except as provided for elsewhere in this Agreement, either party may declare this Agreement terminated if the other party does not cure a default or breach of this Agreement within thirty (30) calendar days after receipt by the breaching party of written notice thereof from the other party.

XIV. Notices. Notices or communication herein required or permitted shall be given the respective parties by registered or certified mail, documented courier service delivery or by hand delivery at the following addresses unless either party shall otherwise designate its new address by written notice:

HOSPITAL

Reid Hospital & Health Care Services,
Inc.
1100 Reid Parkway
Richmond, IN 47374

Attention: President/CEO

IU Health

Indiana University Health, Inc.
340 West 10th Street, Suite 6100
Indianapolis, IN 46202

Attention: President/CEO
General Counsel

XV. Assignment. Assignments of this Agreement or the rights or obligations hereunder shall be invalid without the specific written consent of the other party herein.

XVI. Nonexclusive Clause. This is not an exclusive Agreement and either party may contract with other institutions for the transfer of patients while this Agreement is in effect.

XVII. Governing Law. This Agreement shall be construed and governed by the laws of the State of Indiana. The venue for any disputes arising out of this Agreement shall be Marion County, Indiana.

XVIII. Waiver. The failure of either party to insist in any one or more instance upon the strict performance of any of the terms or provisions of this Agreement by the other party shall not be construed as a waiver or relinquishment for the future of any such term or provision, but the same shall continue in full force and effect.

- XIX. Severability. If any provision of this Agreement is held by a court of competent jurisdiction to be unenforceable, invalid or illegal, such unenforceability, invalidity or illegality shall not affect any other provision hereof, and this Agreement shall be construed as if such provision had never been contained herein.
- XX. Section and Other Headings. The article and other headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.
- XXI. Amendments. This Agreement may be amended only by an instrument in writing signed by the parties hereto.
- XXII. Entire Agreement. This Agreement is the entire Agreement between the parties and may be amended or modified only by a written amendment hereto duly executed by both parties.

Execution. This Agreement and any amendments thereto shall be executed in duplicate copies on behalf of HOSPITAL and IU Health by an official of each, specifically authorized by its respective Board to perform such executions. Each duplicate copy shall be deemed an original, but both duplicate originals together constitute one and the same instrument.

IN WITNESS WHEREOF, the duly authorized officers and representatives of HOSPITAL and IU Health have executed this Agreement the 23 day of September, 2014

HOSPITAL:

REID HOSPITAL & HEALTH CARE
SERVICES, INC.

By: Kay Cartwright
Kay Cartwright
Title: VP Continuum of Care/CNO

AND

IU HEALTH:

INDIANA UNIVERSITY HEALTH, INC.

By: _____
Herbert C. Buchanan, M.D.
President, IU Health Methodist and
Indiana University Hospitals

By: _____
Jeffrey Sperring, M.D.
President, Riley Hospital at IU Health





Reid Hospital & Health Care Services

Trauma Operating Room Staff and Equipment

Reid Health's operating room (OR) is committed to providing quality care to the injured patient by ensuring staff and physicians are on call twenty-four (24) hours a day. The following is a breakdown of staffing and equipment for the OR:

- Staffed Monday through Friday 7a to 7:30p
- Call team 7:30p to 7a Monday through Friday and 24 hours on Saturday and Sunday
- 1st and 2nd on call anesthesiologists available 24 hours a day

Equipment:

- Hotline fluid warmer
- Level 1 rapid infuser
- Bair hugger
- Tourniquet
- Autolog for washing and transfusing autologous blood
- Booms that contain laparoscopic equipment
- Vascular & suture frames
- Emergency AAA packs
- Warm fluids
- Fully stocked anesthesia cart
- Capabilities for monitoring hemodynamics through standard and vigelo arterial lines
- BIS monitoring
- Syngo dynamics
- Brain lab spine navigation
- Slush machine availability
- Vascular lab availability for extremity reperfusion and endovascular AAA repair
- Vascular lab availability for carotid stenting
- Two open heart rooms kept set up and ready for emergency open heart/chest cases

Christy Brewer, RN
Clinical Director

Reid Health Surgical Services

**REID HOSPITAL & HEALTH CARE SERVICES
R.O.S.E. (REID OUTPATIENT SURGERY AND ENDOSCOPY)
SURGICAL SERVICES**

SCOPE OF WORK

Surgical Services provides surgical care to patients of all steps of development. Ages include newborn through geriatric. Through the utilization of specialized equipment and knowledgeable perioperative staff and under the direction of a qualified surgeon, performs procedures on patients with simple to complex needs, resulting in accurate diagnosis while remaining committed to compassion, service, excellence and value.

Surgery rooms, technical equipment, perioperative staff, GI staff, P.A.C.U. (Post Anesthesia Care Unit) staff and supportive services are made available to meet the needs of patients requiring elective surgery, urgent surgery and emergency surgery. Surgeons and Anesthesiologists are provided with the necessary assistance and equipment needed to accomplish the surgical procedure required. Each patient receives individualized care based on assessment of needs.

The following types of Surgical Patients, though not limited to, may be cared for by Surgical Services:

- Ear, Nose, Throat (ENT)
- Plastics
- General Surgery
- Urology
- Gynecological
- Orthopedics
- Cardiovascular
- Thoracic
- Pain Management
- Gastro-Intestinal
- Spine Surgery
- Vascular Surgery

LEVEL OF CARE

The level of care/service provided is based on the RN assessment of the patient, using the Nursing process, at the time of admission and ongoing. Level of care is based on the procedure being done, scope and complexity of patients care needs, age of patient, the abilities, cultural, spiritual and religious practices, emotional needs/barriers, desire and motivation, physical and/or cognitive limitations and language barriers of the patient.

REQUIREMENTS FOR STAFF

The basic requirements for the RN, LPN Staff include:

- Current State Licensure
- CPR/BLS Current Certification
- ACLS Certification (within one year of hire) RN ONLY
- PALS Certification (within one year of hire) RN ONLY
- Annual Competency
- Annual OSHA Review
- Reid Basic Cardiac Rhythm Interpretation Class (with 6 months of hire)
- 15 CEUs annually if Assists in Surgery

The basic requirements for the Surgical Technician Staff include:

- Completion of an approved Surgical Technician Program
- CPR/BLS Current Certification
- Annual Competency
- Annual OSHA Review
- 15 CEUs annually if Assists in Surgery

The basic requirements for the PCT Staff include:

- Completion of orientation program
- CPR/BLS Current Certification
- Annual Competency
- Annual OSHA Review

AVAILABILITY OF SERVICES

1. Surgical Services provides services for minor and major operative procedures and pre and post-procedural care.
2. The 1200 Reid Parkway location is inpatient surgery. The department is staffed for 2-5 operating rooms dependant upon schedule needs Monday through Friday, 7:00 a.m. to 16:00 p.m., except holidays. Three operating rooms are staffed until 19:30 p.m. daily Monday – Friday. The 15:30 p.m. – 19:30 p.m. rooms are flexed between Main OR and R.O.S.E. dependent upon schedule need.

The 'on call team' is available for emergency surgery 19:30 p.m. to 07:00 a.m. Saturday's are covered with a call team from 07:00 a.m. to 15:00 p.m., plus a second surgery call team is 'on-call' 07:00 a.m. to 07:00 a.m. Sunday morning for urgent and emergency surgery. Sundays and Holidays are covered with one surgery team 'on-call' for urgent and emergency surgery.

CVOR has two cardiovascular surgery rooms available 05:30 a.m. – 16:00 p.m. Monday through Friday with an on-call team available 16:01 p.m. to 05:29 a.m. Monday through Friday and 16:01 p.m. Friday through 05:29 a.m. Monday.

GI – The department is staffed with 2 available rooms for inpatient or emergent procedures and one bronchoscopy room available for inpatient and outpatient procedures.

There is an on-call team available for emergency procedures from 15:00 p.m. – 06:15 a.m. Monday through Friday and 06:15 a.m. – 06:15 a.m. Saturday, Sunday, and Holidays.

3. R.O.S.E. Reid Parkway, located at 1100 Reid Parkway, is staffed for 2-4 general operating rooms and one local room dependant upon schedule needs and appropriate pre-op and PACU staff Monday through Friday, 07:00 a.m. to 15:30 p.m.

24-hour short stay staffing is available 4 days per week.

GI – There are three available rooms for GI procedures Monday through Friday 07:00 a.m. through 15:00 p.m.

4. ROC Surgery located at 1400 Highland Road is staffed for 1-2 general operating rooms dependent upon schedule needs Monday through Friday 07:00 a.m. to 15:30 p.m.

STAFFING REQUIREMENTS

1. The Pre-op Area is staffed with R.N.s and assistive personnel as needed for admission and preparation of patients for surgery/procedure.
2. The Post Anesthesia Care Unit (P.A.C.U.) is staffed with R.N.s, L.P.N.s and assistive personnel to provide services. A minimum of 2 R.N.s will be present in P.A.C.U. for immediate primary post-op patients.
3. A surgery team consists of three persons: circulator (RN), assistant (RN, LPN, or O.R. Technician), and scrub (RN, LPN, or O.R. Technician). Additional personnel may be scheduled as needed.
4. A GI procedure team consists of a minimum 2 persons: RN and assistant (LPN or GI Tech). Additional personnel may be scheduled as needed.
5. Each CVOR is staffed with an RN Circulator, RN anesthesia assist, surgical assistant (RN or tech), scrub tech, Harvest person (RN or CST), and a certified cardiac perfusionist (CCP).

PATIENT CARE NEEDS/RESPONSIBILITIES

1. All procedures performed in Surgical Services are performed by a Surgeon/Physician credentialed in the performance of these procedures.
2. Surgical Services provides a safe and comfortable environment for both patients and personnel in order to provide optimum assistance to the Surgeon in meeting the emergent, preventive and restorative needs of the patient. The staff provides quality-conscious, competent and cost-effective care with respect for life and dignity.

RECOGNIZED STANDARDS OF PRACTICES

Surgical Services provides patient care according to Reid Hospital's Mission Statement, Indiana State Law, Federal Law, AORN Recommended Practices and Guidelines, Association of Post-Anesthesia Nurses, AAMI, APIC and general guidelines that govern patient care standards.

METHODS OF ASSESSMENT

Surgical Services monitors its processes through:

1. QA&I performance improvement.
2. Post-discharge infection and complication surveillance.
3. Patient Satisfaction.
4. Employee evaluations / performance appraisals.
5. Incident report trending.
6. Physician complaints and feedback.

REFERENCES

1. HFAP STANDARD: 30.00.00
2. 2012 AORN Standards, Recommended Practices and Guidelines. 2012, AORN, Denver, CO.
3. Alexander's Care of the Patient in Surgery. 2011, Mosby, Saint Louis, MO

Revised by: Patricia Graham, RN, Infection Control Quality Coordinator
Approved by: R.O.S.E. Steering Committee Date: 07/12
Reviewed by: Nursing Best Practice Team Date: 08/01/12
Approved by:

Christy Brewer, RN, BSN
Director of Surgical Services

Approved by:

Kay Cartwright, MSN, RN
VP / Chief Nursing Officer

SURGERY 1.2
SCOPE-008

Revised 07/12

G. Matthew Stearley, MD

Experience

January 2010 - Present

Staff Cardiothoracic Anesthesiologist-- Reid Anesthesia LLC, Reid Hospital, Richmond, IN

May 14-19, 2012

Locum Tenens Cardiothoracic Anesthesiologist -- Community Howard Regional Health, Kokomo, IN

August 2007-December 2009

Staff Cardiothoracic Anesthesiologist -- Champlain Valley Physicians Hospital, Plattsburgh, NY

January 8-12, 2007

Locum Tenens Anesthesiologist -- Providence Anchorage Anesthesia Medical Group, Providence Alaska Medical Center, Anchorage, AK

August 2006-July 2007

Clinical Instructor, Department of Anesthesiology -- Penn State Hershey Medical Center, Hershey, PA

Education

August 2006-July 2007

Fellowship in Cardiothoracic Anesthesiology - Pennsylvania State University, Hershey, PA

July 2003-June 2006

Residency in Anesthesiology - Virginia Commonwealth University, Richmond, VA

July 2002-June 2003

Anesthesiology Internship - Virginia Commonwealth University, Richmond, VA

August 1998-June 2002

MD - Indiana University School of Medicine, Indianapolis, IN

August 1994-May 1998

B.A., Summa Cum Laude, Biology -- Wabash College, Crawfordsville, IN

Leadership

January 2015-Present

Medical Director -- Reid Anesthesia, LLC, Richmond, IN

February 2015-Present

Chief, Department of Anesthesiology -- Reid Hospital, Richmond, IN

October 2011- February 2015

Vice Chief, Department of Anesthesiology -- Reid Hospital, Richmond, IN

January 2010 - Present

Chief of Cardiothoracic Anesthesiology -- Reid Hospital, Richmond, IN

July 2005-June 2006

Chief Resident in Anesthesiology -- Virginia Commonwealth University, Richmond, Virginia

Professional Activities

March 2013- Present

Medical Care Evaluation Committee -- Reid Hospital, Richmond, IN

January 2010 --Present

Cardiovascular Section -- Reid Hospital, Richmond, IN

August 2007 - December 2009

Cardiac Quality Committee -- Champlain Valley Physicians Hospital, Plattsburgh, NY

January 2008 -- December 2009

Transfusion and Blood Utilization Review Committee -- Champlain Valley Physicians Hospital, Plattsburgh, NY

Active State Medical Licensure

Indiana Medical License #01067226A -- August 2009
Virginia Medical License #0101235960 - February 2004

Inactive State Medical Licensure

Pennsylvania Medical License #MD428200 -- January 2006
Alaska Medical License #5982 -- January 2007
New York Medical License #244890 -- June 2007

Certifications

American Board of Anesthesiology - Certificate #41226 - 2007

National Board of Echocardiography -- Diplomat, Advanced Perioperative
Transesophageal Echocardiography - 2007

ACLS -- May 2015

July 2015 Call Coverage Schedule						
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
				1	2	3
				Draghiciu	Draghiciu	Draghiciu/Fletcher
ICU Consults				Draghiciu	Reihman	Draghiciu/Fletcher
Pulmonary Consults				Draghiciu	Reihman	Draghiciu/Fletcher
Call				8	9	10
	5	6	7			
	Fletcher	Fletcher	Reihman	Fletcher	Fletcher	Fletcher/Niazi
ICU Consults	Fletcher	Reihman	Reihman	Reihman	Reihman	Fletcher/Niazi
Pulmonary Consults	Fletcher	Fletcher	Reihman	Fletcher	Reihman	Fletcher/Niazi
Call	12	13	14	15	16	17
	Niazi	Reihman	Reihman	Reihman	Reihman	Reihman
ICU Consults	Niazi	Reihman	Reihman	Reihman	Reihman	Reihman
Pulmonary Consults	Niazi	Reihman	Reihman	Reihman	Reihman	Reihman
Call	19	20	21	22	23	24
	Reihman/Abassi	Abassi	Reihman	Abassi/Niazi	Niazi	Niazi/Reihman
ICU Consults	Reihman/Abassi	Reihman	Reihman	Reihman	Niazi	Niazi/Reihman
Pulmonary Consults	Reihman/Abassi	Abassi	Reihman	Abassi/Niazi	Niazi	Niazi/Reihman
Call	26	27	28	29	30	31
	Reihman	Draghiciu	Reihman	Draghiciu	Draghiciu	Draghiciu/Niazi
ICU Consults	Reihman	Draghiciu	Reihman	Draghiciu	Reihman	Draghiciu/Niazi
Pulmonary Consults	Reihman	Draghiciu	Reihman	Draghiciu	Reihman	Draghiciu/Niazi
Call	Reihman	Draghiciu	Reihman	Draghiciu		
Dr. Draghiciu use						
Dr. Fletcher						
Dr. Reihman						
Dr. Niazi						
Dr. Abassi						

Critical Care Call Schedule

August 2015 Call Coverage Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
ICU Consults							Niazi
Pulmonary Consults							Niazi
Call							Niazi
ICU Consults	2	3	4	5	6	7	8
Pulmonary Consults	Niazi	Reihman	Reihman	Reihman	Reihman	Reihman/Draghiciu	Draghiciu
Call	Niazi	Reihman	Reihman	Reihman	Reihman	Reihman/Draghiciu	Draghiciu
ICU Consults	9	10	11	12	13	14	15
Pulmonary Consults	Draghiciu	Draghiciu	Reihman	Draghiciu	Draghiciu	Draghiciu/Niazi	Niazi
Call	Draghiciu	Draghiciu	Reihman	Draghiciu	Reihman	Draghiciu/Niazi	Niazi
ICU Consults	16	17	18	19	20	21	22
Pulmonary Consults	Niazi	Niazi	Reihman	Niazi	Niazi	Reihman	Reihman
Call	Niazi	Reihman	Reihman	Reihman	Reihman	Reihman	Reihman
ICU Consults	23	24	25	26	27	28	29
Pulmonary Consults	Reihman	Draghiciu	Reihman	Draghiciu	Draghiciu	Draghiciu/Reihman	Reihman
Call	Reihman	Draghiciu	Reihman	Draghiciu	Reihman	Draghiciu/Reihman	Reihman
ICU Consults	30	31					
Pulmonary Consults	6a-2p Alano/Reihman	Reihman					
Call	6a-2p Alano/Reihman	Reihman					
ICU Consults	6a-2p Alano/Reihman	Reihman					
Pulmonary Consults	6a-2p Alano/Reihman	Reihman					
Call	6a-2p Alano/Reihman	Reihman					
Dr. Draghiciu use							
Dr. Reihman							
Dr. Niazi							
Dr. Gloria Alano							

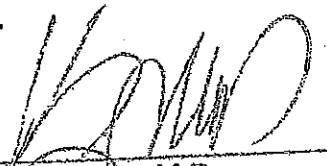
September 2015 Call Coverage Schedule						
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
			1	2	3	4
ICU Consults			Reihman	Reihman	Reihman	Reihman/Moser
Pulmonary Consults			Reihman	Reihman	Reihman	Reihman/Moser
Call			Reihman	Reihman	Reihman	Reihman/Moser
	6	7	8	9	10	11
ICU Consults	Moser	Draghiciu	Reihman	Draghiciu	Draghiciu	Draghiciu/Soliman
Pulmonary Consults	Moser	Draghiciu	Reihman	Draghiciu	Reihman	Draghiciu/Soliman
Call	Moser	Draghiciu	Reihman	Draghiciu	Reihman	Draghiciu/Soliman
	13	14	15	16	17	18
ICU Consults	Soliman	Soliman	Soliman	Soliman	Soliman	Soliman/Draghiciu
Pulmonary Consults	Soliman	Soliman	Soliman	Soliman	Soliman	Soliman/Draghiciu
Call	Soliman	Soliman	Soliman	Soliman	Soliman	Soliman/Draghiciu
	20	21	22	23	24	25
ICU Consults	Draghiciu	Draghiciu	Reihman	Draghiciu	Draghiciu	Draghiciu/Attiah
Pulmonary Consults	Draghiciu	Draghiciu	Reihman	Draghiciu	Reihman	Draghiciu/Attiah
Call	Draghiciu	Draghiciu	Reihman	Draghiciu	Reihman	Draghiciu/Attiah
	27	28	29	30		
ICU Consults	Attiah	Attiah	Reihman	Attiah		
Pulmonary Consults	Attiah	Attiah	Reihman	Attiah		
Call	Attiah	Attiah	Reihman	Attiah		
Dr. Draghiciu						
Dr. Reihman						
Dr. Moser pager						
Dr. Attiah pager						





Reid Hospital & Health Care Services

Commitment of Critical Care Physicians

Reid Health's Critical Care physicians are committed to providing quality care for the injured patient by ensuring a critical care physician is on call and promptly available twenty-four (24) hours a day. We will soon be adding the addition of Tele-ICU to our facility to aid in providing 24-hour coverage with a tentative go-live date of November 1, 2015.


Horia Draghiciu, M.D.
Medical Director, Critical Care


Russell Prunt, M.D.
Trauma Medical Director

 Reid Hospital & Health Care Services	Emergency Department Physician Involvement in Care of Inpatients
	POLICY NUMBER: 74
POLICY OWNER: <i>Dr. Huth, VPMA</i>	
REVISION DATE: <i>9/04</i>	
APPROVED BY:	
REFERENCES: <i>N/A</i>	

Purpose: To define the role of the emergency department and the ED physicians in the care of inpatients here at Reid Hospital. This policy statement replaces all pre-existing policies regarding this subject and applies to all inpatient floors.

Premise: The care of inpatients is the responsibility of the admitting/attending physician or the physician(s) covering for him.

Transfer of Inpatients to the Emergency Department

The emergency department is designed and staffed to provide care for outpatients. Once a patient has been admitted to the hospital, inpatient or observation status, and an admitting physician has been notified, the care of that patient becomes the responsibility of the admitting physician. This is true whether the patient is upstairs on a ward or being held in the ED awaiting placement.

Transfer of inpatients down to the emergency department should generally not occur, except in unusual circumstances, and even then should only be done after physician-to-physician communication. Recognizing that unusual situations occasionally arise, and in the "team player" spirit, the possibility for treatment of inpatients in the ED does exist, but is implemented only at the discretion of the emergency physician being consulted.

Role of Emergency Physicians in the Care of Inpatients

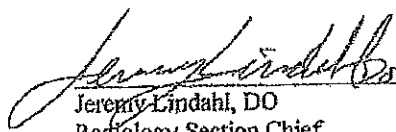
The emergency physician group has agreed historically to respond to bona fide Code Blue calls on inpatients and has agreed to be available as an option (if anesthesia, respiratory, and other options are exhausted) to assist in the management of a difficult airway upstairs in the interest of delivering optimum medical care here at Reid. It should be noted that response in these situations is dependent on conditions in the ED at that time.



Reid Hospital & Health Care Services

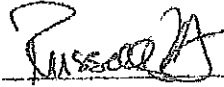
Commitment of Radiology

Reid Hospital and Health Care Service's Radiology Department is committed to providing quality care to the injured patient by being able to provide conventional radiography and cat scan capabilities twenty-four (24) hours per day.



Jeremy Lindahl, DO
Radiology Section Chief
Reid Hospital and Health Care Services

Date: 2/10/2014



Trauma Medical Director
Reid Hospital and Health Care Services

Date: 9/22/15



Reid Hospital & Health Care Services

Critical Care Unit (CCU) Staff and Equipment

Reid Health's Critical Care Unit (CCU) is committed to providing quality care to the critically ill and/or injured patient(s) by ensuring high skilled nursing staff is on duty and critical care physicians are on call twenty-four (24) hours a day. The following is an overview of staffing and equipment for the CCU:

- 30 bed unit – critical care beds; cardio-vascular open heart beds; overflow beds
- 2:1 patient to nurse ratio
- Dedicated cardio-vascular nurses
- 1:1 patient to nurse ratio for CV patient, trauma patient or patient requiring individualized care.

Equipment:

- Hotline fluid warmer
- Level 1 rapid infuser
- Bair hugger
- Artic Sun hypothermic system
- Vigilance Monitor
- Vigileo Monitors
- CRRT
- Temp Pacer Management
- Fiber Optic Bronch
- Bedside ultrasound
- CVP and Arterial Line Carts
- IABP
- CBI Setup
- BIS Monitoring
- Warm fluids
- Vents/CPAP
- ABG POC testing

Misti Foust-Cofield, BSN, RN
Manager, Critical Care
Reid Health

REID HOSPITAL & HEALTH CARE SERVICES NURSING

STANDARDS OF PATIENT CARE - CRITICAL CARE Refer to general Standards of Patient Care STAND-001

1. ADMISSION ASSESSMENT

- A. Every patient admitted to Critical Care should have an Admission Assessment begun by an RN within 15 minutes of the time of admission. Follow the Standards of Patient Care. In addition follow Standard of Nursing Practice SNP-019 – Charting By Exception.
- B. Nursing care will include ongoing assessments by an RN.
 - 1. An assessment of each patient's clinical status, educational needs and present therapies is performed a minimum of every four hours on Critical Care and step-down patients. The patient's current status and/or policies relating to specific therapies may dictate more frequent to continuous assessment.
 - 2. Cardiac rhythm strips with interpretation will be recorded every eight hours at 0700, 1500 and 2300 and interpreted within one (1) hour or with any rhythm change per Cardiac Documentation Policy (refer to (PM2-147 – Cardiac Rhythm Interpretation Policy)).
 - 3. All patients in Critical Care will be on continuous cardiac monitoring.
 - 4. CCU, 4 East, 4 North, 5 East, & 5 North monitors will be observed at all times per (PM2-147 – Cardiac Rhythm Interpretation Policy).

2. PATIENT CARE SHOULD ALSO INCLUDE

A. Parameters

- 1. Vital signs every 4 hours routinely or more often as patient condition warrants.
- 2. Apical pulses to be taken on all patients for one full minute.
- 3. Respiratory rate is counted for a full minute.
- 4. Patients receiving critical care infusion refer to Critical Care Infusion Policy (refer to CRITICAL-003 and Critical Care Infusion Chart).
- 5. Initial blood pressure should be taken manually and correlated with non-invasive blood pressure cuff before documenting.
- 6. Neuromuscular Blockade: Monitor neuromuscular blockade and evaluate muscle relaxation with a peripheral nerve stimulator using the Train-of-Four (TOF) stimulation (refer to CRITICAL-021 – Train-of-Four Monitoring) at least as frequently as listed below or as ordered by the physician.
 - a. Continuous Infusion: q 2 hours until stable, then every 4 hours.
- 7. Hemodynamic profiles and waveforms will be obtained and recorded after insertion, every four hours and as patient's condition warrants.
- 8. CVP readings will be obtained and recorded q shift or as ordered by physician or as patient's condition warrants.

B. Measuring I & O

- 1. Hourly output to be completed on patients with output less than 0.5 mL/kg/hr or as ordered by the physician.

C. Weight

- 1. Patient weighed on admission or transfer.
- 2. Daily unless otherwise ordered.

D. Care Environment

- 1. Refer to SNP-008

E. Discharge Process

- 1. Refer to SNP-009

- F. **Elimination**
 - 1. Refer to SNP-005
- G. **Hygiene**
 - 1. Refer to SNP-004
- H. **Medication Administration**
 - 1. Refer to SNP-018
- I. **Medication Reconciliation**
 - 1. Refer to SNP-021
- J. **Motor Ability**
 - 1. Refer to SNP-010
- K. **Nutritional Maintenance**
 - 1. Refer to SNP-011
- L. **Pain Management**
 - 1. Refer to SNP-002
- M. **Patient Education**
 - 1. Refer to SNP-012
- N. **Restful Environment**
 - 1. Refer to SNP-007
- O. **Safe Environment**
 - 1. Refer to SNP-003
- P. **Skin Integrity**
 - 1. Refer to SNP-014
- Q. **Spiritual Care**
 - 1. Refer to SNP-016
- 3. **EMERGENCY CARE**
 - A. Follow Critical Care Emergency Standing Orders For Adults – SOC-005.
 - B. The physician will be notified when emergency protocols are implemented.
 - C. Refer to the Code Blue Manual & ACLS Protocols for specific algorithms.
- 4. **DIAGNOSTIC PROCEDURES**
 - A. Diagnostic procedures performed on hemodynamically unstable patients, as determined by nurse and/or primary physician, need to be conducted in Critical Care, if unable to be performed in Critical Care the patient is accompanied by a Critical Care RN. Hemodynamically and clinically stable patients may be transported to other departments according to Intra-Hospital Transport of Critically Ill and Non-Critically Ill Patients PM2-046.
- 5. **REFERENCE**
 - A. Thelan's Critical Care Nursing: Diagnosis and Management, Linda D. Urden, DNSC, RN, CNA; Kathleen M. Stacy, MS, RN, CNS, CCRN; and Mary E. Lough, RN, MS, CCRN, St. Louis: Mosby, 6th Edition, 2009.
 - B. AACN Procedure Manual for Critical Care, Debra Lynn-McHale Wiegand, St. Louis: El Sevier/Sabre, 6th Edition, 2010; 500-501.
- 6. **HFAP STANDARDS**
 - A. HFAP Standard: 16.02.01 – Assessments
 - B. HFAP Standard: 16.02.05 – Reassessments of Patients

Revised by: Amy Engle, RN
 Reviewed by: Nursing Best Practice Team
 Approved by:

Date: 03/06/13

Kay Cartwright, MSN, RN
 VP Continuum of Care / Chief Nursing Officer

STAND-003

Revised 03/13

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REID HOSPITAL & HEALTH CARE SERVICES NURSING

SCOPE OF WORK **CRITICAL CARE**

Critical Care is a 30 bed unit that provides nursing care to patients of all stages of development with complex critical care needs and post surgical recovery including, but not limited to, complex cardiovascular (including open heart) and cardio-thoracic needs that warrant close observation and cardiac and/or hemodynamic monitoring. The CCU area is responsible for the visual cardiac rhythm monitoring of patients on CCU, 4 East, 4 North, 5 East and 5 North.

Special Procedures Include:

- ♦ Intubation with ventilator support.
- ♦ Arterial lines.
- ♦ CVP lines.
- ♦ Analysis and treatment of cardiac rhythms.
- ♦ Pulmonary Artery Catheters.
- ♦ Pacemaker.
- ♦ Vigileo Monitoring.
- ♦ BIS Monitoring.
- ♦ Neurologic evaluation.
- ♦ CRRT (Continuous Renal Replacement Therapy).
- ♦ Aquapheresis Therapy.
- ♦ Impella Therapy.
- ♦ EKOS (EkoSonic) Endovascular Infusion System.
- ♦ Critical Care of the complex post-surgical patient.
- ♦ Post Cardiac Interventional Patients
- ♦ Pre and Post Cardio-Thoracic Patients

Through our commitment of compassion, service, excellence and value, we will provide timely, accurate and needed care to return the patient to their level of wholeness. We will accomplish this using care, attitude, respect and enthusiasm for all patients and their significant others.

LEVEL OF CARE

The level of care/service provided is based on the RN assessment of the patient, using the Nursing process, at the time of admission and ongoing. Level of care is based on the scope and complexity of patients care needs, age of patient, the abilities, cultural, spiritual and religious practices, emotional needs/barriers, desire and motivation, physical and/or cognitive limitations and language barriers of the patient. 1:1 nurse patient ratio require constant RN assessment & care. 1:2 nurse patient ratio require frequent RN assessment & care. 1:4 patient ratio are patients awaiting transfer out of critical care & require assessments of every four hours or more. The RN may make necessary referrals to other disciplines based on the assessment of the patient/family/significant other (i.e. Food & Nutrition Services, Patient Resource Services, etc.).

REQUIREMENTS FOR STAFF

The basic requirements for the RN staff include:

- ◆ Current State Licensure.
- ◆ CPR/BLS Current Certification.
- ◆ Reid Basic Cardiac Rhythm Interpretation Class (within 6 months of hire.)
- ◆ ACLS Certification (within one year of hire).
- ◆ Reid Advanced Cardiac Arrhythmia Class within 2 years of hire.
- ◆ TNCC (within one year of hire).
- ◆ Annual OSHA Review.
- ◆ Critical Care Competency Checklist.
- ◆ Annual Skill's Competency

NOTE: Charge Nurses: PALS certification required.

The basic requirements for the MT staff include:

- ◆ Successful completion of basic arrhythmia recognition course.
- ◆ Successful completion of Reid Hospital's orientation and competency based skills appropriate for the job.
- ◆ CPR/BLS Current Certification.
- ◆ Annual Competency.
- ◆ Annual OSHA Review.

The basic requirements for the PCT staff include:

- ◆ Successful completion of Reid Hospital recognized Nursing Assistant program or complete the fundamentals course of nursing school or one year experience in an ECF.
- ◆ CPR/BLS Current Certification.
- ◆ Annual Competency.
- ◆ Annual OSHA Review.

The basic requirements for the SNT staff include:

- ◆ Successful completion of clinical lab check offs of an accredited RN program.
- ◆ Successful completion of Reid Hospital's orientation and competency based skills appropriate for the job.
- ◆ CPR/BLS Current Certification.
- ◆ Annual Competency.
- ◆ Annual OSHA Review.

STAFFING

The Unit Manager has 24-hour responsibility/accountability for the unit. In the absence of the Unit Manager, the Charge Nurse or designee assumes responsibility. Patient care is provided in the Critical Care Unit 365 days a year, 24-hours a day. Staffing is variable and based on skill level of nursing and on patient acuity. Daily staffing is adjusted accordingly. Relationship Based Care (RBC) model is used to deliver care.

The RN Charge Nurse is responsible for assuring appropriate patient care assignments. Assignments are made based on the patient care needs and age, complexity of care and the knowledge/skill level/competency of the staff.

HFAP STANDARD

1. HFAP Standard: 29.00.01 – Special Care Units (HFAP Manual 2012-2013 – Page 842)
2. HFAP Standard: 29.00.14 – Required Policies and Procedures (HFAP Manual 2012-2013 – Page 846)

Revised by: Misti Foust-Cofield, BSN, RN – Unit Manager Critical Care and
Alyson Harrell, BSN, RN

Reviewed by: Nursing Best Practice Team

Date: 12/04/13

Approved by:

Kay Cartwright, MSN, RN
VP / Chief Nursing Officer

SCOPE-002

Revised: 12/13

BLOOD BANK INVENTORY

PRINCIPLE

Daily, by 9:00 AM Dayton, Ohio time, an inventory of all blood and blood components is performed. The purpose of the inventory is to insure an adequate supply on the shelf here, to help control outdating, to assist in proper distribution of the components by Community Blood Center, and to assist in ordering additional supplies if needed. At the same time that the inventory is taken, quality assurance is performed by checking for proper temperature and inspecting the products for visible signs of contamination.

PROCEDURE

A. Blood Bank Refrigerator (Storage of Red Cell Products)

1. Temperature

- a. The inside temperature of the top and bottom shelves are read and recorded.
- b. The chart recorder temperature is read and recorded. The chart is to be examined for proper time and day.

NOTE: The temperature of the refrigerator must be maintained between 1 - 6°C.

2. Appearance and arrangement of the products

- a. Red cell products are to be visually inspected for signs of hemolysis, clots, turbidity, and air in the bag. Any contaminated units are removed from the shelf. Notify the blood bank supervisor and CBC immediately.

	Name	Date
Prepared	Chuck Mc Gill, MT(ASCP)H	December 10, 1991
Revised	Shawnda Devers, MLS(ASCP) ^{CM}	September 11, 2013
Approved	Richard Garnet, MD	September 14, 2010
Reviewed	Carrie Miles, MT(ASCP)	December 8, 2010
Reviewed	Carrie Miles, MT(ASCP)	August 29, 2011
Reviewed	Matt Bellew	February 13, 2013
Reviewed	Shawnda Devers, MLS(ASCP) ^{CM}	November 4, 2014
Reviewed	Matt Bellew	August 27, 2015

PROCEDURE (Contd.)

- b. The arrangement of products on the left side shelves are as follows:
 1. Top shelf - Unprocessed blood or blood to be returned, autologous or directed units, overflow available units and 2 emergency release O Negative units with pre-filled paperwork. The O Negative units are to be replaced with fresh units every Sunday.
 2. Second shelf - Available O Positive units
 3. Third shelf - Available A Positive units
 4. Fourth shelf - Available B Positive units on the left, Available AB Positive units on the right.
 5. Fifth shelf - Available O Negative units on the left, Available A Negative units on the right.
 6. Bottom shelf - Available B Negative units on the left, Available AB Negative units on the right.
- c. The arrangement of products on the right side shelves are as follows:
 1. Top shelf - Current day of patient samples, Transfusion Reaction Patient samples, box containing Blood Issues and Unit Segments.
 2. Second shelf - Crossmatched units for patients with last names beginning with A through I.
 3. Third Shelf - Crossmatched units for patients with last names beginning with J through R.
 4. Fourth Shelf - Crossmatched units for patients with last names beginning with S through Z.
 5. Fifth Shelf - Available Thawed Plasma
 6. Sixth Shelf - Patient samples from previous ten days.
3. Inventory reports will print out at midnight and are to be saved for dayshift to sort through. The morning inventory reports will not have all the information needed to complete the daily inventory. The day shift blood bank tech will need to print the Transfusion Log. Use the reports selection icon to print this report. When printing the Transfusion log you will need to uncheck use physician and change to range of dates to the previous day.
 - a. The units of crossmatched blood are counted and recorded by ABO groups and Rh types.
 - b. The units of reserve blood are counted and recorded by ABO groups and types.
 - c. The units of blood that were transfused the previous day are counted and recorded by ABO groups.
- B. Blood Bank Freezer (Fresh Frozen Plasma, Cryoprecipitate)
 1. Temperature
 - a. The inside temperature of the freezer is read and recorded.
 - b. The chart recorder temperature is read and recorded. The chart is to be examined for proper time and day.

NOTE: The temperature of the freezer must be maintained below -18 C.
 2. Appearance and arrangement of products
 - a. The fresh frozen plasma and cryoprecipitate is visually inspected for signs of

Reid Hospital & Health Care Services
Richmond, IN

Procedure P
September 18, 2015

- c. Red cell products are re-typed for ABO on all units and Rh on labeled Rh Negative units upon receipt from other institutions. Use segments from the units for re-typing and label with re-typing sticker. (See NOTES.)
- d. Products are to be placed on proper shelves in the refrigerator and freezer. (See NOTES.)

NOTES

- A. Plasma products (fresh frozen plasma and cryoprecipitate) and platelet concentrate are not re-typed when received.
- B. Each shelf in the refrigerator and freezer are to have the units arranged in order with units that outdate the earliest in front.
- C. Autologous units paperwork should be attached to clipboard in blood bank. When the patient arrives in the hospital, an autologous unit is billed in the LIS by ordering the test "AUTOBILL" for the patient.
- D. Short-dated units are returned to CBC as requested, accompanied by a Product Return Transfer Report.

REFERENCES

American Association of Blood Banks. 2009. *Standards for Blood Banks and Transfusion Services*. 26th ed. Bethesda, MD.

American Association of Blood Banks. 2008. *Technical Manual*. 16th ed. Bethesda, MD.

Reid Hospital & Health Care Services. 2009. *Blood Bank Procedure Manual*.

b. The fresh frozen plasma is arranged as follows:

3. Inventory – On a weekly basis, the units in frozen inventory are counted and recorded by ABO group. The unit numbers physically present in the freezer must be checked against a printed version of inventory from LIS. To print the FFP inventory go to Select Products in LIS. Change the product to Frozen Plasma. Check available in the active states menu, then select OK. Inventory should be ordered to maintain volumes stated in this procedure C2, C4.

As a guideline keep the approximate number of units of blood and blood components on hand:

- Packed cells may be substituted for LP red cells if none are available from CBC.
Packed red cell units must be issued with a leukopoor filter.

- 4. Cryoprecipitate Pooled**
- | | |
|------------------|-------------------|
| Type O – 6 units | Type A – 6 units |
| Type B – 2 unit | Type AB – 2 units |

1. The inventory is called or faxed to Distribution at Community Blood Center by 0900 (Ohio time) every morning. The toll free phone number is 1-800-388-4483 and the toll number is 1-937-461-3450. The fax number is 1-937-461-9972.
2. Crossmatched units and reserved units are given by ABO and Rh types.
3. After the inventory has been recorded, order any necessary products.

b. Recorded in the LIS by unit number, ABO and Rh type, unit code (product type), shipping facility, expiration date, and technician's laboratory identification number.

MASSIVE TRANSFUSION PROTOCOL

Principle

Hypovolemic shock can lead to widespread cellular dysfunction and organ damage. The purpose of the following guidelines is to provide a standard for efficient and effective procurement and delivery of appropriate blood products in a timely fashion for trauma and other patients who meet criteria for massive transfusion. The massive transfusion protocol (MTP) also alerts the clinical laboratory to provide extraordinary support for the emergency.

Definition

Massive Transfusion is defined as replacement of at least one blood volume within the first 12 hours of resuscitation or identification of need.

Identification and Notification

1. The responsible Attending Physician/Surgeon or Attending Anesthesiologist holds the authority and responsibility for identifying eligible patients for the MTP.
2. Any available member of the patient's team may call the Transfusion Service on behalf of the responsible physician to activate the MTP.

Criteria for Activation of the MTP

1. Patients requiring >4 units of PRBCs in first hour of resuscitation or identification of need.
2. Patients with the high likelihood of requiring transfusion of >10 units of PRBCs within the first 12 hours of resuscitation or identification of need.

	Name	Date
Prepared	Carrie Miles, MT(ASCP)	September 20, 2011
Revised		
Approved	Richard Garnet, MD	September 20, 2011
Reviewed	Matt Bellew	February 18, 2013
Reviewed		
Reviewed		

Information Given to Transfusion Service for MTP Activation

1. Responsible physician/surgeon.
2. Patient name, medical record number, gender and age.
3. Status of blood specimen for type and crossmatch.
4. Is the Emergency Blood Release protocol to be activated?

MTP Locations of Delivery:

1. Emergency Department
2. Operating Room
3. Radiology Department during diagnostic and therapeutic procedures.
4. Intensive Care Units.
5. Obstetrics

Supportive Measures during MTP

1. The transfusion service is kept abreast of changing needs or location by the MTP leader or designee.
2. Emergency blood release forms are to be signed by a Physician.
3. All labs are performed STAT while the MTP is in progress.
4. Patients are to be transfused with type specific and cross matched blood whenever possible.

The Standard MTP Pack

1. 5 units of packed red blood cells (cross matched or type specific if possible).
2. 2 units of fresh frozen plasma-thawed.
3. 1 apheresis pack.
4. 10 units (1 pack) cryoprecipitate

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Role of the Transfusion Service

1. Notify the Pathologist on call and Blood Bank supervisor if additional support is needed.
2. Prioritization of testing and product distribution to the MT patient.
3. Automatically supply an initial MTP Pack STAT after the MTP is activated.
4. Supply subsequent MTP packs STAT when requested.
5. Will utilize either the Emergency Blood Release procedure or the immediate spin cross match procedure as indicated.
6. Ensure immediate and continuous availability of at least 2 units of thawed FFP.
7. Maintenance of adequate inventory of blood products. Contact Community Blood Center, Dayton, Ohio for assistance.
8. Record onset time of MTP and amounts of all products issued.
9. Patients receiving MTP support, type specific, RH specific and antigen negative PRBCs (for patients with known alloantibodies) if possible.
10. During the interval, the medical director approves, if inventory constraints demand:
 - i. Blood type compatible PRBCs and components may be used based upon inventory levels.
 - ii. Patients who are Rh negative may be switched to Rh positive support after 10 units are issued.
 - iii. Patients known to have alloantibodies to RBC antigens may be switched to blood not screened for these RBC antigens.
11. If >12 units of Type O uncross matched blood has been provided, the transfusion service will continue to provide Type O until the patient is serologically stable.

Role of the Clinical Laboratory

1. The transfusion service must be automatically notified that the MTP is in effect and the required information for the MTP must be obtained.
2. The laboratory must expedite (stat) all requests for blood gases, coagulation studies, etc.
3. All received specimens must be run and reported with any minor deficient documentation (e.g. specimen not initialed) and reconciled after the MTP is deactivated.
4. The transfusion service will notify the clinical laboratory of activation of a MTP.

Deactivation of the MTP

1. As bleeding slows to less than 500cc per hour, the transfusion service should be notified to slow delivery of products. The transfusion service will supply red cells and blood components in the volume requested every 30 minutes to one hour as directed.
2. The responsible physician or designee will notify the transfusion service immediately when the guideline has been deactivated.
3. When the MTP is deactivated, the blood bank will no longer supply blood or component products until a specific order is received from the physician.

**Reid Hospital & Health Care Services
Clinical Laboratory Department
Scope of Work**

Wholeness-in body, mind and spirit- is basic to fulfillment of human potential. Reid Hospital & Health Care Services and its people work with others to enhance wholeness for all we serve.

Our Convictions include commitment to

- Compassion
- Service
- Excellence
- Value

These convictions are expressed daily through C.A.R.E principles, the active demonstration of:

- Courtesy
- Attitude
- Respect
- Enthusiasm

The Clinical Laboratory Department serves all patients of Reid Hospital through the collection of specimens, preparation of specimens, performance of many laboratory analyses, and communication of test results to the appropriate individual or agency and referral of specimens to reference laboratories for testing as required. It is our mission to provide timely, accurate laboratory data to those who care for our clients to ensure the best and most cost-effective care.

Blood specimens are collected and processed by laboratory personnel. These include arterial, venous and capillary blood specimens. Certain microbiological specimens such as throat, wound, nasopharyngeal and penile cultures are also collected by laboratory personnel. Other specimens collected by physicians, nurses and other hospital personnel are routinely accepted for analysis. These include, but are not limited to blood, urine, feces, sputum, spinal fluid, genital specimens, body fluids (i.e. abdominal, chest, joint, breast), tissue specimens and drainages. The scope of work also includes appropriate patient preparation instructions, processing of specimens, and storage of specimens and proper transport of specimens when required.

The Clinical Laboratory serves all clients of Reid Hospital & Health Care Services regardless of age, sex, socio-cultural background, diagnosis, etc. Service is provided to clients throughout the entire life span (infancy through geriatrics). Clients served include, but are not limited to, inpatients, outpatients, emergency patients, home care, occupational health, physician's offices, industrial clients and community groups.

Orders for testing are received and processed by the laboratory for inpatients and outpatients. The orders may be received by fax, by telephone, or delivered by the patient or the person accompanying the patient. The requested testing is accurately entered into the LIS or other computer system in a timely manner.

Routine analyses are performed in the areas of hematology and coagulation, urinalysis, blood bank, clinical chemistry and toxicology, microbiology, serology, cytology and surgical pathology. In addition, certain esoteric or rare analyses are available to our clients through various reference laboratories. All analyses are performed as per appropriate laboratory policies and procedures.

Scope of services includes but is not limited to:

1. Testing to diagnose disease
 - confirmation of clinical diagnosis
 - differential diagnosis
 - additional information when clinical diagnosis is not complete
2. Testing to evaluate the progression of disease or treatment
3. Testing to regulate treatment of disease
4. Testing to obtain baseline data for therapy
5. Testing to screen for the prevention of, or early diagnosis of, disease
6. Testing to screen for drugs for pre-employment or substance abuse
7. Testing mandated by law
8. STAT testing to enhance the care of critically ill patient

Scope of services also includes the reporting of laboratory results. All laboratory results are reported in a timely manner via the laboratory information system. Inpatient results are transmitted to the hospital information system and printed directly on the patient's nursing unit. Results may also be communicated by phone, by fax, by mail or by courier. Any phoned or faxed report is followed by a LIS report.

The clinical Laboratory is staffed to provide service 365 days a year, 24 hours a day. A large number of analyses, selected to suit the acute care needs of our clients and clinicians, are available 24 hours a day. These include, but are not limited to, CBC with differential, ESRs, cell counts, general chemistry analysis, blood gas analysis, carboxyhemoglobin, type & crossmatch, Rh immunoglobulin testing, atypical antibody identification, therapeutic drug levels, pregnancy testing (qualitative and quantitative), rapid toxicology screen, urinalysis, monotest, strep A screen, meningitis serological testing, occult blood, Prothrombin time with INR, Activated PTT, fibrinogen, gram stains and other microbiological procedures. Specimens for other tests are collected and prepared for analysis 24 hours a day as well as for testing in this facility or transportation to a reference laboratory. Laboratory test availability and turn around time are defined in the hospital information system.

The Clinical Laboratory of Reid Hospital & Health Care Services follows recognized standards and guidelines of practice of the following accrediting agencies:

1. College of American Pathologists
2. HCFA/Clinical Laboratory Improvement Act
3. AABB
4. Indiana State Department of Health
5. Food and Drug Administration

The laboratory monitors appropriateness, clinical necessity and timeliness of its services through its QA&I program, through review by the pathologists and laboratory supervisors and input from clinicians. Necessary changes are made in the test availability menu and turn around time as evidenced by the needs of our clients. Accuracy of results is monitored through internal and external proficiency testing in all areas, through strict quality control practices and review of all abnormal and critical results by a laboratory supervisor.

Revised: August 31, 2011

Chuck McGill

Laboratory Director

Richard F. Garnet, Jr., M.D.

Medical Director
Reid Health Laboratory Services
1100 Reid Parkway
Richmond, IN






Post-Anesthesia Care Unit Staff and Equipment


Reid Health's post-anesthesia care unit (PACU) is committed to providing quality care to the injured patient by ensuring staff and physicians are on call twenty-four (24) hours a day. The following is a breakdown of staffing and equipment for the PACU:

- Staffed Monday through Friday 7a to 3:30p
- Call team 3:30p to 7a Monday through Friday and 24 hours on Saturday and Sunday
- 1st and 2nd on call anesthesiologists available 24 hours a day

Equipment:

- Hotline fluid warmer
- Bair hugger
- Tourniquet
- Difficult airway cart
- Warm fluids
- Fully stocked anesthesia cart
- Capabilities for monitoring hemodynamics through standard and vigelo arterial lines
- BIS monitoring
- Warm blankets
- Ventilators


Tetina Blevins, RN
Manager, Pre-Op and PACU
Reid Health Surgical Services

 Reid Hospital & Health Care Services	Organ/Tissue Donation Policy
	POLICY NUMBER: 79
POLICY OWNER: <i>Debbie Eckhoff</i>	
REVISION DATE: <i>9/2007; 8/2009; 11/2012</i>	
APPROVED BY: <i>Nursing Best Practice (12/2012); Medical Executive Committee (6/4/2013)</i>	
REFERENCES: <i>HFAP Standards: 14.00.01 - 14.00.11., Indiana Organ Recovery Organization, 2012.</i>	

PURPOSE

To establish compliance with the Uniform Anatomical Gift Act of Indiana and the CMS – Centers for Medicare and Medicaid Programs; Hospital Conditions of Participation (42 CFR Part 482). This policy will apply to individuals whose death is imminent or who have died at Reid Hospital & Health Care Services. It is our responsibility to work cooperatively with Donate Life Indiana and the Indiana Lions Eye & Tissue Transplant Bank to promote continuing education about donation issues in order to raise awareness about our obligations relating to organ donation.

SCOPE

All associates of Reid Hospital & Health Care Services.

ORGANIZATIONS / DEFINITIONS

- ILETTB: Indiana Lions Eye & Tissue Transplant Bank (Lions) - *Eye/cornea recovery.*
- Community Tissue Services (CTS) - *Tissue/bone recovery.*
- Indiana Organ Procurement Organization (IOPO) - *Organ recovery.*
- IOPO Agency Hotline (800) 357-7757.
- Registered Donor - *Heart on their drivers' license or registered with the state donor registry.*
- Patient Suitability - *Established by the recovery agencies only.*
- Community & Family Funeral Home - *Allows tissue & eye recovery at their location.*

PROCEDURE

1. When a patient dies or death is imminent, or with fetal demise 20 weeks or greater gestation, hospital staff will notify the IOPO Vital Link donation

Center (VLDC) at (800) 356-7757, as soon as possible, ideally within one hour of circulatory death. This call is to establish donor suitability.

2. If the patient is on mechanical/artificial support and the death is imminent, timely referral to the IOPO VLDC must be made to determine organ suitability prior to removal of life supportive measures. **An imminent death is a patient on a ventilator with a Glasgow Coma scale of 5 or less -OR- prior to any conversation with the family about discontinuing the use of a ventilator. Reid staff will work with IOPO to keep organs viable by maintaining the following:**

- Sodium less than 155
- Mean arterial pressure greater than 60
- PH 7.35-7.45
- CVP less than 10 or PCWP 8-12
- PO2 greater than 300 or 3:1 ratio for O2 challenge
- Urine 1-2 mL/kg/hr
- Creatinine less than 2.0

3. **Donation After Circulatory Death (DCD).** Refer to **Reid Hospital & Health Care Policy 79A**. DCD is organ recovery from patients who have been pronounced dead on the basis of irreversible cessation of circulatory and respiratory function following the withdrawal of life support.

4. **DETERMINING SUITABILITY** – IOPO staff determines medical suitability of the patient for organ donation and captures the details needed for tissue and/or eye bank and forwards that information to the appropriate agency for further action.. For organ donation this may be done over the phone or a representative from IOPO may need to arrive onsite for further review. For eye/tissue candidates, suitability may be determined over the phone by ILETTB. Hospital staff should have the patient medical records available when calling IOPO. **NOTE:** In 2006, the Indiana's Donor Choice Law/Uniform Anatomical Gift Act under IC 29-1 recognizes the right of the individual to decide above all others their status as a donor and no consent form is required. These are individuals who have registered their decision (have consented) through the Indiana BMV or Donate Life Indiana Registry. IOPO VLDC staff communicates/coordinates with other states to determine donor status. It is the responsibility of IOPO/ILETTB to approach families regarding organ/tissue/eye donation. Hospital staff and physicians must not initiate discussion with families regarding donation options for potential organ donors unless the next of kin have approached staff. IOPO VLDC services includes triaging all organ, tissue and eye referrals for the state of Indiana as well as discussing organ donation.

5. If IOPO determines that the patient is not a candidate for organ donation, the hospital staff must contact the IOPO VLDC once the patient has been declared cardiac dead and removed from the ventilator as the patient may still be a candidate for eye/tissue donation.

6. If it is determined by the IOPO VLDC that the patient is not a candidate for organ/tissue or eye donation, document on the "Dismissal by Death" record (Form #503630). Note the name of the IOPO/I LETTB agency staff and the case referral number. The family will not be called or approached for donation; the patient may be released to the funeral home.
EXCEPTION: Coroner's Case

7. **Suitable Candidates** – If IOPO/I LETTB determines that the patient is a suitable candidate, they will inform hospital staff if the patient is a registered donor or not. If the patient is a registered donor, IOPO/I LETTB staff will review the individual's decision with the family, advise them of the donation process and address any questions or concerns in a caring, respectful manner. IOPO/I LETTB agency staff will fax a copy of the Disclosure Form to the unit along with the BMV donor registration printout. Both documents are to be labeled and included in the patient's medical record.

8. **Disclosure Form** – A Disclosure Form is completed by the IOPO/I LETTB agency staff on registered donors. The Disclosure reads similar to a standard consent form but the next of kin does not need to sign it. IOPO agency staff use the Disclosure Form to advise the family of their loved ones wishes and educate them on the process. The IOPO/I LETTB Coordinator will provide the family the following information as part of securing authorization:

- A. Organs and tissues that can be donated.
- B. The complete explanation of the DCD and organ recovery process.
- C. The location of death is expected to be in the operating room suite.
- D. Organ recovery will take place immediately after the death has been pronounced.
- E. There is no cost incurred by the patient or the patient's family for organ evaluation, allocation or recovery.

9. **Consent for Non-Registered Donors** – Consent for non-registered donors will be obtained by IOPO agency staff. IOPO agency staff may talk with family by phone. It at all possible, hospital staff will provide IOPO with a contact name and phone number where family can be reached after leaving the hospital. IOPO agency staff will record and document the Consent on the Disclosure Form and notify hospital staff if family has consent to tissue/eye donation. The hospital can release the decedent to the funeral home at the direction of IOPO agency staff.

10. **Declined Donation** – If the family declines donation, IOPO/I LETTB agency will notify the hospital staff immediately. The hospital can release the decedent to the funeral home at the direction of IOPO agency staff.

11. If the patient is to be a donor, IOPO/ILETTB agency will contact the unit and advise on an estimated time of arrival and where to transport the patient for recoveries.

A. Indiana Organ Procurement Organization (IOPO) – Organ donors – will be onsite to assist hospital staff and establish surgery suites/OR times for organ donation. Organ recoveries may take up to 6 hours. Tissue and cornea recovery may occur in the OR immediately following an organ donation or the patient may be transported to Community & Family Funeral Home for tissue/cornea recovery.

B. Community Tissue Services (CTS) – Tissue donors – tissue recovery can occur in the ROSE surgical suite room 7 or at Community & Family Funeral Home. Tissue recovery may take up to 4 hours.

C. Indiana Lions Eye Bank (Lions) – Eye/cornea donors – may be recovered in the viewing/holding room in the hospital or at Community & Family Funeral Home. Cornea recovery may take up to 90 minutes.

D. Other Funeral Homes/Recovery Locations – If patient is to be a donor, the recovery agencies involved (CTS and Lions) will notify the funeral home and gain permission. Should the funeral home decline and not allow the recovery agencies to utilize their facilities, the patient will be taken to Community & Family Funeral Home for recovery and then transported to the families' choice of funeral home.


12. **Patients Medical Records** – Once the recovery team arrives they will be directed or escorted to the Health Information Management (HIM) Department to obtain copies of the patient's medical record. The Hospital will also recognize that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) provided an "exemption" for organ, eye and tissue banks as outlined in the *Federal Register*, Vol. 65, No. 250, December 28th, 2000, s/s 164.512 states:

"Uses and disclosures for which consent, an authorization or opportunity to agree or object is not required:

(h) Standard: uses and disclosures for cadaveric organ, eye or tissue donation purposes."

"With respect to disclosure of proved health information by covered entities to facilitate cadaveric organ and tissue donation, the final rule explicitly permits a covered entity to disclose protected health information without authorization, consent, or agreement to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes or tissues for the purpose of facilitating donation and transplantation." Electronic transfer of information will be encrypted before transmission.

13. Coroners Cases – If the patient is determined to be a Coroners Case, follow all of the above procedures. A patient can still become a donor but recovery will usually occur after autopsy. It is the responsibility of the recovery agencies to obtain permission from the County Coroners prior to any recoveries taking place.

 Reid Hospital & Health Care Services	79A	
	POLICY NUMBER: Donation After Circulatory Death (DCD)	
AUTHOR: <i>Nancy Seal, M.S., R.N.</i>	REVIEWED BY: <i>Becky Stewart, RN; Medical Executive Committee</i>	
EFFECTIVE DATE: <i>9/5/2007</i>	REVISION DATE: <i>8/2009; 11/2012</i>	
REFERENCES: HFAP Standards: 14.00.01 - 14.00.11., Indiana Organ Recovery Organization, 2012.		

POLICY

1. Reid Hospital & Health Care Services is firmly committed to the belief that each person has been endowed with unique human dignity, rights and responsibilities. Therefore, the dignity and rights of each individual must be protected and promoted with the utmost care throughout life, death and during the pre-procurement process of the donor program.
2. Organ/Tissue Procurement at Reid must be conducted in Compliance with the Uniform Anatomical Gift Act of Indiana, CMS – Centers for Medicare and Medicaid Programs; Hospital Conditions of Participation (42 CFR Part 482) and HIPPA-Health Insurance and Portability and Accountability Act Privacy Standard 45 CFR, 164.512 (h).
3. The subject of anatomical gifts must be approached with the following constraints:
 - A. That the life of each patient be considered sacred at all times and the patient will be provided the appropriate medical care, without regard to whether an anatomical gift is under consideration
 - B. That the decision to withdraw medical treatment/support must be made independent of, separate from and predating any discussion about organ donation. Collaboration among multi-disciplinary care givers will ensure and that as a team, we honor the sacred trust ascribed us by fulfilling the patient and families wish to the fullest extent possible.
 - C. That in securing permission to obtain anatomical gifts, utmost consideration and sensitivity is shown to family of the patient.
 - D. That every death must be considered for appropriateness of organ, tissue and eye procurement.
 - E. Organ/tissue/eye donation or DCD options must not be discussed by hospital staff or physicians prior to or after death unless approached by next of kin. Instead, refer all deaths to IOPO VLDC for disposition -

- F. Requests for organ/tissue/eye or DCD options must be made by IOPO/ILETTB staff when they deem it appropriate. IOPO VLDC will need the following information: patient's name, age, sex date of birth and SSN, cause and time of death, current and past medical history, lab work (WBC, - last 3 days), x-rays, temperature (last 3 days) medications and is the patient a coroner's case?
- G. IOPO VLDC will provide Reid staff a referral number that must be documented on the Death by Dismissal form (# 503630) if deemed the person is suitable or not.

DEFINITIONS

1. DCD shall mean an organ, eye or tissue donation process with a patient who has suffered a non-survivable brain-injury or cardiac event such that patient death would be imminent subsequent to the removal of mechanical support for circulatory and respiratory functions.
2. Imminent death shall mean the time when an individual's death is reasonably expected utilizing the criteria enumerated for clinical indicators. Clinical indicators shall mean the following criteria for a patient with severe, acute brain injury and who requires mechanical ventilation, has clinical findings consistent with a Glasgow Score that is less than a threshold of 5, absence central nervous system depressants or an induced coma, (exception, seizure activity or hypothermia protocol) or for whom the attending physicians are evaluating a diagnosis of brain death, or for whom a physician has ordered that life-sustaining therapies be withdrawn, pursuant to the family's or guardian's decision.
3. Brain death shall mean the condition of death occurring when increased intracranial pressure is sufficient to impede the flow of blood into the brain causing cellular death of the brain tissue and/or herniation: characterized by the absence electrical activity in the brain, blood flow to the brain, and brain function as determined by the clinical assessment of responses therefore, resulting in complete, irreversible cessation of all functions of the entire brain, including brain stem. Absent cerebral function is recognized clinically when pupillary light, corneal, oculocephalic, oculovestibular, oropharyngeal, and respiratory reflexes are irreversibly absent. (Refer to Administrative Policy #86 Brain Death Guidelines.)

PROCEDURE

1. Reid hospital staff will make a referral to the IOPO VLDC (800) 357-7757 when a patient meets clinical triggers:
 - A. Glasgow Coma Scale of 5 or less -OR-
 - B. Before any withdrawal of life supportive measures, a call should be made at first mention from physician or family. Referrals should be made as soon as possible, ideally within one hour of a patient meeting the clinical triggers and including a code situation.
2. Reid staff will work with IOPO to keep organs viable by maintaining:
 - Sodium less than 155

- Mean arterial pressure greater than 60
- 1 or no pressors (excludes vasopressin)
- Ph 7.35 - 7.45
- CVP less than 10 or PCWP 8-12
- PO2 greater than 300 Or 3:1 ratio for O2 challenge
- Urine 1-2 mL/kg/hr
- Creatinine less than 2.0

3. Registered donors: IOPO will check the donor registry to determine if the individual is a registered donor. Indiana's Donor Choice Law/Uniform Anatomical Gift Act under IC 29-1 recognizes the right of the individual to decide above all others their status as a donor and no consent form is required. These are individuals who have registered their decision (consented) through the Indiana BMV or Donate Life Indiana Registry. IOPO staff will complete a disclosure form on suitable registered donors and reads similar to a standard consent form but the next of kin does not need to sign it. IOPO agency staff use the Disclosure Form to advise the family of their loved ones wishes and educate them on the process. IOPO staff will fax or deliver a copy of the signed disclosure form to Reid which must be included in the patient's medical record.
4. IOPO staff determines the medical suitability of registered and non-registered patient's for any type of donation and ensures that hospital staff is kept informed. For organ/tissue/eye donation, this may be done over the phone or a representative from IOPO/ILETTB may arrive onsite for further review and or discussion.
5. Hospital staff and physicians must not discuss donation options for potential organ donors unless family has approached staff. For residents of other states, IOPO hotline staff communicates / coordinates with other states to determine donor status.
6. IOPO/ILETTB Coordinator will approach the legal next of kin to initiate the authorization process if the patient is not a registered donor. The following information will be provided to the family as part of securing authorization:
 - A. Organs and tissues that can be donated.
 - B. The complete explanation of the DCD and organ recovery process.
 - C. The location of death is expected to be in the operating room suite.
 - D. Organ recovery will take place immediately after the death has been pronounced.
 - E. There is no cost incurred by the patient or the patient's family for organ evaluation, allocation or recovery.
 - F. In the event that the patient does not expire in sixty (60) minutes after the discontinuation of medical treatment/support and does not demonstrate a significant progression toward death, the organ donation progress will cease.

7. Should IOPO determine the patient is medically unsuitable for donation:
 - A. IOPO/ILETTB Coordinator will notify Reid staff if it is determined the patient is not a suitable donor. Reid staff will document on the Dismissal by Death form #503630 along with the name of the IOPO/ILETTB agency staff and case referral number.
 - B. Hospital staff and physicians do not determine medical suitability.
8. Should the legal next of kin agree to donation for non-registered donors, the IOPO/ILETTB Coordinator will:
 - A. Complete a disclosure form.
 - B. Conduct and document a thorough medical/behavioral history interview.
 - C. Contact the Coroner to obtain permission to proceed with donation. Provide time for the family to be with the patient.
 - D. Notify the appropriate charge nurse.
9. Should the legal next of kin decline for a non-registered donor donation, the IOPO/ILETTB Coordinator will:
 - A. Support the family's decision.
 - B. Document in the patient's hospital medical record the decision not to donate.

SURGERY PROCEDURE

1. Surgery will be notified as soon as a potential organ donor is identified in order to prepare a team to assist with recovery. Surgery Team consists of an Anesthesiologist, scrub person and 2 RNs.
2. If the patient has been made a "Do Not Resuscitate" status, and the patient is a registered donor or the family consents for a non-registered donor, Reid staff will work with IOPO to keep organs viable until recovery takes place. The responsible physician will maintain responsibility for the patient until such time as the patient's death is pronounced including making a clinical judgment on administering medications for comfort measures. The administration of clinically appropriate doses to provide comfort is acceptable and encouraged. The use of paralytics is prohibited.
3. The IOPO coordinator assumes responsibility for medical management of the organ viability donor after DCD brain death has been declared. This includes, but may not be limited to IV fluids, vasopressive medications, laboratory tests and other necessary procedures.
4. Once the IOPO coordinator has completed necessary testing and contacted the transplant surgeons, the potential donor is taken to the operating room. IOPO will contact the Lions eye bank when consent has been given for tissue or eye.
5. After brain death is pronounced, charges for organ donation purposes are entered under a new account number with the IOPO is the guarantor of the account.

6. If the family has requested to be in attendance for the removal of life support, the IOPO Family Services Coordinator will escort the family to the OR. OR staff will assist family with donning appropriate surgical attire. Control Desk to obtain jumpsuits, and assist them in donning jumpsuits, and assist them in donning the suits and escort them to the appropriate OR suite.
7. The responsible physician will retain full responsibility for the patient until such time as the patient's death is pronounced.
8. The responsible physician for the patient will make a clinical judgment on the advisability of administering medications for comfort measures. The administration of clinically appropriate doses to provide comfort is acceptable and encouraged. The use of paralytics is prohibited.
9. Withdrawal of medical treatment/support will only occur in the operating room suite. The primary care nurse and Surgery personnel will attend the patient. Correct cardiac lead placement will be verified. The organ recovery team will be at the donor hospital and available prior to withdraw of medical treatment/support. They will **not** be in the surgery suite during withdrawal of medical treatment/support or pronouncement of death.
10. The following procedures will be utilized:
 - A. Anticoagulant and/or vasodilator drugs will be administered. (Heparin 300 units/Kg IV push).
11. Ventilator support will be withdrawn and intravenous infusions excluding medications for comfort measures will be discontinued. Cardiac monitoring and invasive blood pressure monitoring will be maintained. Family may be with the patient after prepped and draped and medical treatment/support has been withdrawn and until respiration have ceased if the family wishes to do so. The patient's hand and face will remain undraped so that the family will be able to touch the patient.
12. The IOPO Family Services Coordinator will remain in the surgical waiting room in order to comfort families and answer questions. An OR scrub person will monitor the sterile field.
13. The patient's hand and face will remain undraped so that the family will be able to touch the patient.
14. For the pronouncement of death, a prompt and accurate diagnosis of cardiac death is extremely important. Recovery of organs cannot take place until the patient meets the criteria of death. (Irreversible cessation of circulatory and respiratory function.)

PRONOUNCEMENT OF DEATH

1. For the pronouncement of death, a prompt and accurate diagnosis of cardiac death is extremely important. Recovery of organs cannot take place until the patient meets the criteria of death. (Irreversible cessation of circulatory and respiratory function.)
2. For the purposes of pronouncing death prior to organ recovery, the following are confirmed:

- A. Under no circumstances will chest compressions be performed after the declaration of death.
 - B. Under no circumstances will an incision for the purpose of organ recovery be made until death is pronounced.
 - C. Correct cardiac electrode placement.
 - D. Absence of pulse waveform on arterial line and absence of palpable pulse by exam or by Doppler flow.
 - E. Apnea via auscultation of breath sounds.
 - F. Complete unresponsiveness to stimuli.
 - G. Five (5) minutes of any of the following electrocardiographic rhythms, confirmed in two (2) leads: Electrical asystole; ventricular fibrillation; pulseless electrical activity.
 - H. Pulselessness via auscultation of heart sounds.
 - I. Pupils fixed and dilated.
3. Once death has been pronounced, the family will be escorted out of the surgery suite and attended to by the IOPO Family Services Coordinator.
 4. The persons declaring death will document the date and time of death in the patient's hospital medical record.
 5. The attending physician will complete the Certificate of Death.
 6. If the patient does not deteriorate within sixty (60) minutes, and does not demonstrate a significant deterioration towards death, the donation process will cease, the patient will be transferred to an inpatient bed and comfort measures will be maintained.
 7. The recovery surgeon will be informed of the warm ischemic time. For the purpose of this protocol, warm ischemic time will be defined as the time from pulselessness until the organs have been initially cooled and flushed.
 8. Within five (5) minutes of the certification of death, the IOPO Recovery Team enters the OR for the recovery of organs to proceed.
 9. The family will be given the option to see their loved one after organ recovery has been completed. If the family wishes not to view the loved one, the donor's body is transported to the morgue with the assistance of Materials Processing personnel.

DOCUMENTATION

ELECTRONIC MEDICAL RECORD

1. Physician declaring death will document the date and time of death in the hospital record and will complete the Certificate of Death.
2. Document the operative phase of the donation in the perioperative nursing record.
3. IOPO will document in the medical record on the progress notes.


EDUCATION

1. Designated direct care providers will be trained on donation issues.
2. Designated direct care providers will complete IOPO University on-line training program initially and on an annual basis.

3. Only trained IOPO/ILETTB staff will approach family regarding organ donation.



Diversion Log	Time on	Time off	Total Time on Diversion	Reason:
<i>Example:</i>				
Thursday, January 02, 2014	1800	1856	56 minutes	No capacity in hospital.
No diversion since 2013				

 Reid Hospital & Health Care Services	High Census Response Strategy POLICY NUMBER: 120
POLICY OWNER: <i>D. Eckhoff</i>	
REVISION DATE: 3/00; Revised 9/02; 7/04; 9/04; 10/05; 6/07; 5/08; 09/09; 01/10; 05/11; 07/12	
APPROVED BY: <i>J. Shoemaker</i>	
REFERENCES: N/A	

Recognizing that there will be times during the year that inpatient census will stress the hospitals bed capacity; a planned organized approach to admitting and placing patients during these times has been designed. The following principles are keys to the success of this plan:

1. We have an ethical obligation to utilize scarce resources on a medically prioritized basis.
2. Ongoing positive communication between departments, physicians and physician offices is essential.
3. All those involved must be flexible and cooperative as we look for ways to maximize the care of patients during difficult census periods.
4. Exceptions to these guidelines will undoubtedly be necessary at times. When exceptions are made they should be reasonable and necessary for the overall good of the entire patient care process, broadly defined.

DEFINITIONS

Beds include regular med-surg beds, Critical Care, but exclude Gero Psychiatric Services, Mother-Baby Care Center, ARU and orthopedic/urology beds (4N).

Special Need Beds - (see end of this policy)

- Critical/Monitored beds
- Psychiatric Beds

Available beds are defined as unoccupied beds in traditional patient rooms to which **no patient has been assigned**.

Bed availability is described in three levels

1. Routine - 12 or more beds are available.
2. Intermediate - Less than 12 beds are available after all admissions have been placed.
3. Critical - 5 beds are available after all admissions have been placed.

ROUTINE LEVEL

12 or more Beds Available

Patient Placement (done on a daily basis)

- The Bed availability Report will be placed on the Reid Intranet once per day at 6 a.m.

INTERMEDIATE LEVEL

Less than 12 Beds Available

Patient Placement:

- Patient Placement Supervisor will notify House Supervisor and Emergency Services of the Intermediate Level status.
- House Supervisor to turn the census control light located outside the physicians' lounge to yellow.
- Notify Switchboard of the change in status.
- Update the Bed Availability Report on the Reid Hospital Intranet once per shift at 6 a.m., 2 p.m., and 10 p.m.
- Send a voice mail to Leadership Group (VM 7409) and send an e-mail to 1) Reid all users; all departments any time the status level (routine, intermediate, critical) changes.
- During Intermediate Level Monday – Friday a 6 a.m. voice mail to Leadership Group (VM 7409) and an e-mail to Reid All Users and Departments will be sent.
- Will collaborate with House Supervisor in determining alternative assignment of patients to non-traditional beds.

House Supervisor:

- In collaboration with Patient Placement will determine alternative assignment of patients to non-traditional beds.
- Non-cardiac patients may be placed in cardiac monitoring beds.
- Non-OB patients will be placed on MBCC. Infectious patients may not be placed on MBCC.
- Video EEG will be suspended and rescheduled.
- Unit director or designee will assist in identifying potential discharges and may be able facilitate some discharges with the attending physician.
- Unit director or designee will ensure timely entry of pending discharges and discharge notices by Unit Clerks or other nursing personnel.
- Maximum patients to 4N, 18 patients with non-orthopedic and non-urological diagnosis (med-surg patients).
- Maximum patients to 5E, 28 patients (reserving the remaining 4 beds for Hospice).
- Popsicle Care will be suspended except for:

- Employees on duty who are direct care givers who need to utilize the program in order to report for their shift.
- Criteria for Popsicle:
 - Children of direct care givers must be able to be in an area on 4N and under the supervision of a "non nurse" provider.

CRITICAL LEVEL
5 or less Beds Available

When 5 beds or less are available, the hospital will be deemed to be at a "critical level" of bed availability.

Patient Placement:

- Patient Placement Supervisor will notify and consult with House Supervisor and Emergency Services of Critical Level Status.
- Notify House Supervisor to turn the census indicator light outside the physicians' lounge to red.
- Notify the switchboard of the Critical Level Status.
- Send a voice mail (VM #7409) to Leadership Group with current bed status report.
- Send an e-mail to Reid all users; all departments at any time the status level (routine, intermediate, critical) changes.
- Admit patients to alternate bed locations.
- On Critical Level Status, any transfers from other facilities must be evaluated and approved prior to transfer (Patient Placement and Nursing Supervisor or Administrator On-Call as needed).
- **When ZERO beds are available, the hospital will be deemed "full", but will accept transfers from hospitals on a priority basis through One Call Access. Outlying emergency departments may activate the Catheterization Lab for STEMI (ST elevated MI) Patients.**

Switchboard:

- The switchboard will place telephone calls to the offices (during routine hours) or to the answering services (off-hours) of all appropriate physicians. (Generally, those physicians who actively admit patients. OB/GYN has asked to be excluded from this call) process will be repeated when the decision is made that critical status is no longer needed.

House Supervisor:

- Alternative placement and temporary expansion of the following areas may be considered (in order of preference).
 1. Non-Cardiac patients in cardiac monitored beds
 2. Non-OB patients on MBCC (non-infectious)
 3. 4N (maximum of 20) but beds can be used for non-orthopedic and non-urological patients.

4. 5E will go to census of 32, if a Hospice patient is admitted a transfer off of 5E will occur.
5. Any post-op / post procedure patient requiring an inpatient bed will not be accepted until approved by Surgical Services Department Director or designee and Patient Placement
6. Adult Psychiatric (excludes Gero Psychiatry) -- to be determined by Department Director based on patient acuity and safety.
7. 4N area will house the "over flow" unit utilizing up to 6 unoccupied beds.
 - Staffing resources for this "overflow" unit is not the responsibility of 4N staff.
 - Staffing resources will be the responsibility of all areas where nursing is practiced throughout Reid.
 - Staffing requirements will be determined by House Supervisor (and Nursing Directors) based on acuity, safety and skill set of nursing staff needed to provide care.
8. Fast Track area will be utilized as an "overflow" unit.
 - Staffing resources for this "overflow" unit is not the responsibility of Fast Track staff.
 - Staffing resources will be the responsibility of all areas where nursing is practiced throughout Reid.
 - Staffing requirements will be determined by House Supervisor (and Nursing Directors) based on acuity, safety and skill set of nursing staff needed to provide care.

Unit Directors (or Designee):

- Unit Directors will assist in identifying potential discharges and will facilitate some discharges by speaking personally with the attending physician.
- Unit Directors will ensure timely entry of pending discharges and discharge notices by Unit Clerks of other nursing personnel.
- Unit Directors will work collaboratively with Patient Resource Services for timely discharges.
- Unit Directors will be proactive with alternative solutions for expected admission.

Emergency Services:

Admitted Emergency Services patients waiting for a bed will be prioritized by the charge nurse to determine order of placement.

- A. Continue to hold the patient in Emergency Services until a bed becomes available.
- B. Transferring the patient to another hospital.
 1. The patient's personal physician (or on-call designee) will be informed of the transfer, even though he/she may not be directly involved in the specific situation.

In the event transfers are determined to be the most appropriate option, no additional authorization or approvals, beyond the physician's judgment. The rationale for these transfers would simply be the unavailability of needed resources. A simple statement should be placed in the record to the effect that a needed resource (a bed) is not readily available. (This is similar to transferring a patient because a needed medical specialty is not present on Reid's staff or because Reid does not provide the needed service.)

1. To meet regulatory (COBRA, EMTALA, etc.) and common senses guidelines, three conditions must be present before a patient is transferred:

- Assessment
- Stabilization
- Receipt of approval from the receiving hospital to accept the patient. Physician to physician communication must take place.

The Reid Hospital Transfer Form (#510424) must be completed prior to transfer.

Legal and regulatory requirements do not impose any additional obligations in these situations. Hospitals are not required to "treat all patients if they can", nor is there any need for "proof", backup documentation or other evidence to defend the transfer.

NOTE: The above three required conditions – assessment, stabilization and acceptance – must also be present when Reid receives patients from other hospitals. Critical bed status is an appropriate and acceptable reason for Reid to decline to accept such a requested transfer.

Emergency Services is not to be used by the medical staff as a holding or observation area while patients are waiting admission. All patients admitted to Emergency Services will be evaluated and prioritized by the Emergency Services physicians.

Special Need Beds

Critical Care / Cardiac Monitored Beds
(Less than 3 beds available = Blue Light)

There may be times when the number of cardiac monitored beds does not meet the need. The hospital will be on blue light status when there are less than 3 critical care and cardiac monitored beds available.

NOTE: This may occur during any census status including routine level.

Patient Placement:

- Notify House Supervisor and Emergency Services of the blue light status.

- Notify House Supervisor to turn blue light on.
- Notify One Call Access of Blue Light status.
- Notify Cath Lab supervisor of Blue Light status during normal business hours.

House Supervisor:

- Assist in determining alternative assignment of patients to non-traditional beds.
- Any post-op/post-procedure patient requiring a critical care/cardiac monitored bed will not be accepted for placement until approved by Surgical Services Department Director or designee and Patient Placement.

Unit Directors:

- Unit Director/Charge Nurse in areas with cardiac monitored beds in coordination with House Supervisor and Patient Resource Services will assist in identifying potential transfers or discharges and will facilitate some transfers off the unit or discharges by speaking personally with the attending physician.
- Unit Director/Charge Nurse in coordination with House Supervisor will ensure timely entry of transfer, pending discharges and discharge notices by Unit Clerks or other nursing personnel.

Emergency Services Leadership:

- Peripheral ambulance rerouting may be implemented. Emergency Services will be responsible for notifications.

Psychiatric Services:

From time to time the adult or geropsychiatric services may be full.

When such situations arise, the following process is followed:

1. The Department Director is notified by Charge Nurse / Unit Director and collaborates with the Psychiatric Services Medical Director.
2. The Department Director directs the Psychiatric Services Charge Nurse to notify the Emergency Services Charge Nurse of bed status.
3. Referrals during the time will be handled according to need: Consults will be completed by psychiatrists, potential admission/referral requests will be given a time of bed availability or referral to an agency that has a bed available. The referral information is available in Psychiatric Services or with the Case Manager in Emergency Services.
4. Bed availability will be assessed continuously and admissions/referrals placed when a bed becomes available.
5. The Gero Psychiatric Unit cannot be used as an overflow area if the adult and secure units are full.

Emergency Services Leadership:

- Peripheral ambulance rerouting may be implemented. Emergency Services will be responsible for notifications.

Pandemic High Census Response:

See Pandemic Response Plan and/or notify Infection Control Practitioner

Target Census / Bed Availability – “House Census”:

UNIT / AREA	TARGET CENSUS	INTERMEDIATE	CRITICAL
Critical Care (CCU)	18	24	24
4 East (4E)	26	32	32
4 North (4N)	14	18	20
5 East (5E)	26 (not including Hospice)	28	32
5 North (5N)	30	32	32

+++++

Letters to peripheral ambulance organizations:

Notification of High Census

Cancellation of High Census



Reid Hospital & Health Care Services

Operational Committee Membership

Reid Health Trauma Services has an operational committee that currently meets monthly to discuss the continued development of and overall operations of the Level III Trauma Program. The committee members are listed below:

- Russell Pruitt, M.D. – Trauma Medical Director
- Jamie Brummett, M.D. – Emergency Physician Liaison
- Matt Stearley, M.D. – Anesthesia Physician Liaison
- Horia Draghiciu, M.D. – Critical Care Physician Liaison
- Chad Reed, M.D. – Orthopedic Surgery Physician Liaison
- Jeremy Lindahl, M.D. – Radiology Physician Liaison
- Kay Cartwright, RN/CNO – Administration
- Ryan Williams, RN – Trauma Program Manager
- Victoria Mead, RN – Manager, Emergency Services
- Anna Brown, RN – Educator, Emergency and Trauma Services
- Jessica Hinshaw – Registrar/Coding Specialist
- Donna Sheppard – Registrar/Office Supervisor
- Amy Engle, RN – Educator, Critical Care Services
- Chuck McGill – Director, Laboratory Services
- Gene Ditullio – Director, Radiology Services
- Misti Foust-Cofield, RN – Manager, Critical Care
- Christy Brewer, RN – Clinical Director, Surgical Services
- Abby Page, RN – CVOR Clinical Coordinator, Surgical Services

Russell Pruitt, M.D., FACS
Trauma Medical Director
Reid Health Trauma Services

Ryan Williams, RN, CEN, CFRN, EMT-P
Trauma Program Manager
Reid Health Trauma Services

Total Number of Operational Process Performance Committee meetings held last year:	12	Specialty Represented	10/29/2014	11/19/2014	12/9/2014	1/15/2015	2/18/2015
			X	X	X	X	X
Operational Process Performance Committee							
Member Name							
Example: Amanda Elikofer		Trauma Services	X	X		X	
Russell Pruitt, MD		TMD			X	X	X
Jamie Brummiett, MD		Emergency Medicine	X	X	X	X	X
Kay Cartwright, RN		Administration	X	X	X	X	
Ryan Williams, RN		TPM	X	X	X	X	X
Victoria Mead, RN		ED Manager	X	X	X	X	X
Anna Brown, RN		ED/Trauma Educator					
Jessica Hinshaw		Registrar/Coding					
Donna Sheppard		Registrar/Ofc Mgr	X	X	X	X	X
Amy Engle, RN		CCU Educator					
Chuck McGill		Director - Laboratory					
Gene DiTullio		Director - Radiology					
Misti Foust-Coffield, RN		CCU Manager					
Gregory Woods, MD		Orthopedics	X	X			
Chad Reed, MD		Orthopedics					
Matt Stearley, MD		Anesthesia					
Horia Draghiciu, MD		Critical Care					
Jeremy Lindahl, MD		Radiology					
Joseph Zitarelli, MD		Trauma Services	X	X	X	X	
Steven Branch, MD (Started August 2015)		Trauma Services					
Donald Prentiss, MD (Started August 2015)		Trauma Services					
Giovanni Salerno, MD (Started August 2015)		Trauma Services					
Jason Kempenich, MD (Locums)		Trauma Services			X		X
Jonathon Holmes, MD (Locums)		Trauma Services	X	X		X	


Number of Operational Process Performance Committee meetings held in B1 field. Enter in columns C2 through N2, using only the number of columns appropriate for your facility and deleting excess columns. For early meetings, then enter dates in C2 through F2) Enter members in column A with their attendance recorded in appropriate columns. The spreadsheet will automatically calculate in column O and overall percentage in column P.								
3/17/2015	4/13/2015	5/8/2015	6/19/2015	7/15/2015	8/12/2015	9/16/2015	Overall Attendance	Overall Attendance Percentage
X		X		X		X	7	58%
X	X	X	X	X	X	X	10	83%
X	X	X	X	X	X	X	12	100%
	X		X		X		7	58%
X	X	X	X	X	X	X	12	100%
X	X	X	X	X	X	X	12	100%
				X	X	X	3	25%
X	X	X	X	X	X	X	7	58%
X	X	X	X	X	X	X	12	100%
					X	X	2	17%
					X	X	2	17%
					X	X	2	17%
X		X			X	X	4	33%
							2	17%
			X	X	X		4	33%
					X	X	3	25%
				X	X	X	3	25%
X	X	X	X	X	X	X	11	92%
					X	X	2	100%
					X	X	2	100%
					X	X	2	100%
X		X	X	X			6	60%
X	X		X	X			7	70%




Trauma Peer Morbidity and Mortality Membership

Reid Health Trauma Services has a morbidity and mortality committee that currently meets monthly to discuss cases of trauma patients that present to the facility. This committee currently meets monthly. The committee members are listed below:

- Russell Pruitt, M.D. – Trauma Medical Director
- Jamie Brummett, M.D. – Emergency Physician Liaison
- Matt Stearley, M.D. – Anesthesia Physician Liaison
- Horia Draghiciu, M.D. – Critical Care Physician Liaison
- Chad Reed, M.D. – Orthopedic Surgery Physician Liaison
- Jeremy Lindahl, M.D. – Radiology Physician Liaison
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- Amy Engle, RN – Educator, Critical Care
- Jessica Hinshaw – Registrar/Coding Specialist
- Donna Sheppard – Registrar/Office Supervisor
- Misti Foust-Cofield, RN – Manager, Critical Care



Russell Pruitt, M.D., FACS
Trauma Medical Director
Reid Health Trauma Services



Ryan Williams, RN, CEN, CFRN, EMT-P
Trauma Program Manager
Reid Health Trauma Services

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ber of Trauma peer Review Committee meetings held in B1 field. : in columns C2 through N2, using only the number of columns appropriate for your facility and deleting excess columns . erly meetings, then enter dates in C2 through F2) members in column A with their attendance recorded in appropriate columns. : will automatically calculate in column O and overall percentage in column P.									
3/17/2015	4/13/2015	5/8/2015	6/19/2015	7/15/2015	8/12/2015	9/16/2015	Overall Attendance	Overall Attendance Percentage	
X		X		X		X	7	58%	
X	X	X	X	X	X	X	10	83%	
X	X	X	X	X	X	X	12	100%	
X	X	X	X	X	X	X	12	100%	
X	X	X	X	X	X	X	12	100%	
				X	X	X	3	25%	
X	X	X	X	X	X	X	7	58%	
X	X	X	X	X	X	X	12	100%	
					X	X	2	17%	
X		X			X	X	4	33%	
							2	17%	
			X	X	X	X	4	33%	
				X	X	X	3	25%	
				X	X	X	3	25%	
				X	X	X	3	25%	
X	X	X	X	X	X	X	11	92%	
					X	X	2	100%	
					X	X	2	100%	
					X	X	2	100%	
X		X	X	X			6	60%	
X	X		X	X			7	70%	

REID HOSPITAL & HEALTH CARE SERVICES NURSING

SCOPE OF WORK **EMERGENCY SERVICES**

Emergency Service consists of a 26-bed emergency department, and a 7-bed fast track department. Emergency Service provides immediate care to patients of all stages of development with a variety of presenting conditions. At least one Emergency Medicine trained physician is on duty at all times. All patients will have a medical screening by a physician or licensed practitioner prior to discharge, and no patient is denied access to an evaluation and care based on the ability to pay.

Emergency Services is located on the 1st floor of the inpatient tower allowing prompt access to the nursing inpatient units, radiology, lab, and easy access for incoming patients and employees in need of emergency services, equipment, or supplies. The location of Emergency Services is in close proximity to laboratory, radiology, and elevators allowing for quick access to inpatient units, pharmacy, cath lab, and other departments within the inpatient tower. All areas can be reached from Emergency Services within 1-2 minutes.

Characteristics of emergency nursing include:

- Assessment, analysis, nursing diagnosis, planning, implementation of interventions, outcome identification and evaluation of human responses of individuals in all age groups whose care is made more difficult by the limited access to past medical history and episodic nature of their health care.
- Triage and prioritization
- Emergency operations preparedness
- Stabilization and resuscitation
- Crisis intervention for unique patient populations.
- Provision of care in uncontrolled or unpredictable environments.
- Consistency as much as possible across the continuum of care.
- Unanticipated situations requiring intervention, allocation of resources, need for immediate care as perceived by the patient, unpredictable numbers of patients, and unknown patient variables which include severity, urgency and diagnosis.

Professional behaviors inherent in emergency nursing practice are the acquisition and application of a specialized body of knowledge, accountability and responsibility, communication, autonomy, and collaborative relationships with others.

Through our commitment of compassion, service, excellence and value, we will provide timely, accurate and needed care to return the patient to their level of wholeness. We will accomplish this using care, attitude, respect and enthusiasm for all patients and their significant others.

LEVEL OF CARE

Specialty consultation is available within approximately 30 minutes by a member of the hospital medical staff. All patients are triaged by an RN. Level of care is based on the scope and complexity of patient care needs, age of patient, abilities of the patient, cultural, spiritual and

religious practices, emotional needs/barriers, desire and motivation, physical and/or cognitive limitations and language barriers of the patient. Emergency Services functions as a Level 3 Trauma Center but is not currently designated by the American College of surgeons (ACS). The RN and physician may make necessary referrals to other disciplines based on the assessment of the patient/family/significant other (i.e. specialty care, patient resource services, outside agencies, etc.). Emergency Services participates in the hospital QA program. Emergency Services does not provide medical advice over the phone except as part of the follow-up to an Emergency Service visit.

Procedures excluded from Emergency Services:

- Removal of internal orthopedic appliances which were inserted in surgery
- General anesthesia administration
- Post-general anesthesia recovery
- Tendon repair on an emergency patient is preferably done in surgery unless the procedure is minor in nature (i.e. extensor tendon repair)
- Enema administration, except under unusual circumstances
- Outpatient surgical procedures except repair of trauma and drainage of abscesses

REQUIREMENTS FOR STAFF

The basic requirement for the RN staff includes:

- Current State Licensure
- BLS Certification
- ACLS Certification (within 6 months of hire)
- PALS Certification (within 6 months of hire)
- TNCC (within 1 year of hire)
- Reid Basic Cardiac Rhythm Interpretation Class (within 6 months of hire)
- Annual OSHA Review
- Emergency Services Competency Checklist
- Annual Skill's Competency

NOTE: ENPC certifications are strongly encouraged, but not required.

Additionally, Emergency staff will have training and experience in providing care for the following types of patients

- Cardiac crisis
- OB/GYN crisis
- Orthopedic/neurological crisis
- Endocrine crisis
- Psychiatric crisis
- Substance abuse
- Childhood diseases/conditions
- Trauma (highway. Industrial, school, domestic)
- Epidemiologic crisis
- Pain management
- Observational care (short term – less than 24 hours) such as chest pain observation

STAFFING

The Unit Manager has 24 hour responsibility/accountability for the department. In the absence of the Unit Manager, the Charge Nurse or designee assumes responsibility. Emergency Services provides care for patients 365 days a year, 24 hours a day. The RN Charge Nurse is responsible for assuring appropriate patient care assignments based on the acuity of the patient and experience level of the nurse.

REFERENCES

ENA Scope of Emergency Nursing Practice (2008)
HFAP Standards, #20.00.02; #20.00.03 #20.22.05; #20.00.07; #20.00.08

Revised by: Victoria Mead, RN, MSN – Unit Manager
Nancy Seal, RN MS - Director of Nursing Emergency Services
Reviewed by: Nursing Best Practice Team Date: 10/02/13

Approved by:

Director of Emergency Medicine

Approved by:

Kay Cartwright, MSN, RN
VP / Chief Nursing Officer

SCOPE-014

Revised: 10/13

REID HOSPITAL & HEALTH CARE SERVICES NURSING

SCOPE OF WORK CRITICAL CARE

Critical Care is a 30 bed unit that provides nursing care to patients of all stages of development with complex critical care needs and post surgical recovery including, but not limited to, complex cardiovascular (including open heart) and cardio-thoracic needs that warrant close observation and cardiac and/or hemodynamic monitoring. The CCU area is responsible for the visual cardiac rhythm monitoring of patients on CCU, 4 East, 4 North, 5 East and 5 North.

Special Procedures Include:

- ◆ Intubation with ventilator support.
- ◆ Arterial lines.
- ◆ CVP lines.
- ◆ Analysis and treatment of cardiac rhythms.
- ◆ Pulmonary Artery Catheters.
- ◆ Pacemaker.
- ◆ Vigileo Monitoring.
- ◆ BIS Monitoring.
- ◆ Neurologic evaluation.
- ◆ CRRT (Continuous Renal Replacement Therapy).
- ◆ Aquapheresis Therapy.
- ◆ Impella Therapy.
- ◆ EKOS (EkoSonic) Endovascular Infusion System.
- ◆ Critical Care of the complex post-surgical patient.
- ◆ Post Cardiac Interventional Patients
- ◆ Pre and Post Cardio-Thoracic Patients

Through our commitment of compassion, service, excellence and value, we will provide timely, accurate and needed care to return the patient to their level of wholeness. We will accomplish this using care, attitude, respect and enthusiasm for all patients and their significant others.

LEVEL OF CARE

The level of care/service provided is based on the RN assessment of the patient, using the Nursing process, at the time of admission and ongoing. Level of care is based on the scope and complexity of patients care needs, age of patient, the abilities, cultural, spiritual and religious practices, emotional needs/barriers, desire and motivation, physical and/or cognitive limitations and language barriers of the patient. 1:1 nurse patient ratio require constant RN assessment & care. 1:2 nurse patient ratio require frequent RN assessment & care. 1:4 patient ratio are patients awaiting transfer out of critical care & require assessments of every four hours or more. The RN may make necessary referrals to other disciplines based on the assessment of the patient/family/significant other (i.e. Food & Nutrition Services, Patient Resource Services, etc.).

REQUIREMENTS FOR STAFF

The basic requirements for the RN staff include:

- ◆ Current State Licensure.
- ◆ CPR/BLS Current Certification.
- ◆ Reid Basic Cardiac Rhythm Interpretation Class (within 6 months of hire,)
- ◆ ACLS Certification (within one year of hire).
- ◆ Reid Advanced Cardiac Arrhythmia Class within 2 years of hire.
- ◆ TNCC (within one year of hire).
- ◆ Annual OSHA Review.
- ◆ Critical Care Competency Checklist.
- ◆ Annual Skill's Competency

NOTE: Charge Nurses: PALS certification required.

The basic requirements for the MT staff include:

- ◆ Successful completion of basic arrhythmia recognition course.
- ◆ Successful completion of Reid Hospital's orientation and competency based skills appropriate for the job.
- ◆ CPR/BLS Current Certification.
- ◆ Annual Competency.
- ◆ Annual OSHA Review.

The basic requirements for the PCT staff include:

- ◆ Successful completion of Reid Hospital recognized Nursing Assistant program or complete the fundamentals course of nursing school or one year experience in an ECF.
- ◆ CPR/BLS Current Certification.
- ◆ Annual Competency.
- ◆ Annual OSHA Review.

The basic requirements for the SNT staff include:

- ◆ Successful completion of clinical lab check offs of an accredited RN program.
- ◆ Successful completion of Reid Hospital's orientation and competency based skills appropriate for the job.
- ◆ CPR/BLS Current Certification.
- ◆ Annual Competency.
- ◆ Annual OSHA Review.

STAFFING

The Unit Manager has 24-hour responsibility/accountability for the unit. In the absence of the Unit Manager, the Charge Nurse or designee assumes responsibility. Patient care is provided in the Critical Care Unit 365 days a year, 24-hours a day. Staffing is variable and based on skill level of nursing and on patient acuity. Daily staffing is adjusted accordingly. Relationship Based Care (RBC) model is used to deliver care.

The RN Charge Nurse is responsible for assuring appropriate patient care assignments. Assignments are made based on the patient care needs and age, complexity of care and the knowledge/skill level/competency of the staff.

HFAP STANDARD

1. HFAP Standard: 29.00.01 – Special Care Units (HFAP Manual 2012-2013 – Page 842)
2. HFAP Standard: 29.00.14 – Required Policies and Procedures (HFAP Manual 2012-2013 – Page 846)

Revised by: Misti Foust-Cofield, BSN, RN – Unit Manager Critical Care and
Alyson Harrell, BSN, RN

Reviewed by: Nursing Best Practice Team

Date: 12/04/13

Approved by:

Kay Cartwright, MSN, RN
VP / Chief Nursing Officer

SCOPE-002

Revised: 12/13



Reid Hospital
& Health Care Services

June 23, 2014
Commitment of the Governing Body
Level III Trauma Center

Reid Hospital & Health Care Services governing body is committed to becoming an established Level III Trauma Center and to pursue verification by the American College of Surgeons within one (1) year of submitting the "in the process" application and to achieve ACS verification within two (2) years of being granted an "in the process" hospital by the EMS Commission, as recommended by the Trauma Care Committee.

Reid Hospital & Health Care Services recognizes that if verification is not pursued within one (1) year of this application and/or does not achieve ACS verification within two (2) years of the granting of "in the process" status that the hospital's "in the process" status will immediately be revoked, become null and void and have no effect whatsoever.

Craig C. Kinyon
President/CEO

Jon A. Ford
Board Chair



Commitment of Medical Staff Level Three Trauma Center

The Medical Staff of Reid Hospital and Health Care Services hereby endorses its obligation to support the standards and guidelines of the American College of Surgeons, in partial fulfillment of the commitment of Reid Hospital and Health Care Services to improve the health of the community through injury prevention and excel in the care of trauma patients.

Reid Hospital and Health Care Services, guided by its mission and in serving more than 250,000 residents in East Central Indiana and West Central Ohio, is committed to patient-focused care and outcomes management for all trauma patients.

Therefore, the Medical Staff of Reid Hospital and Health Care Services, does hereby declare commitment to becoming a Level III Trauma Center, seeking verification from the American College of Surgeons within one (1) year of submitting the "In the Process" application to the Indiana Department of Homeland Security and the Indiana State Department of Health and is committed to achieving ACS verification within two (2) years of being granted "In the Process" by the Indiana Department of Homeland Security.

Date: _____

6/3/2014

David DeSantis, MD
Chief of Staff
Reid Hospital and Health Care Services

